



# HOWARD COUNTY HEALTH DEPARTMENT

64074

DATE  
11/20/18

WS

Received From

Carroll Health Systems

PHONE #

410-876-5100

For

Local Permit / Hold Tarside, MD.

CASH

CHECK

NO.

3090

One hundred sixty

Dollars

\$

100 00

Received By

J King

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

January 10, 2019

**Ari Tafrishi**  
**11666 Farside Road**  
**Ellicott City, Maryland 21042**

**RE: Lot 21 Farside**  
**Replacement Well**  
**11666 Farside Road**  
**Ellicott City, Maryland 21042**  
**Well Tag: HO - 17 - 0377**

Dear Ari Tafrishi:

A sample was collected during a yield test on December 3, 2018 and submitted to the Maryland Department of Health 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  $23.7 \pm 4.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $24.0 \pm 2.7$  pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below (though higher than typically seen) its targeted standard 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 replacement well water supply **does not meet** EPA regulatory standards. Additional testing **for these parameters** will be required to secure approved well certification. Additional raw water samples for **short and long term Gross Alpha and Gross Beta**, plus **Radium 226 / 228** will be needed to assess any future treatment needs. Alternatively, treatment such as a water softener system or point of use reverse osmosis (R/O) could be considered. If installed, post-treated sampling for **short and long term Gross Alpha, Gross Beta and Radium 226 / 228** will be **required**. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand), plus other site specific sampling may still be needed to help secure well certification.

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 or to schedule additional testing.

Sincerely,



Bert Nixon, Director  
Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. 03-306968

**Howard County Health Department**  
**Bureau of Environmental Health**  
8930 Stanford Blvd.  
Columbia, Maryland 21045

**LABORATORY ANALYSIS REQUEST FORM**

**LOT 21**  
**FAR SIDE**

Plant/Site Name: Ari Tajrish County: HAWAII

Sample Source: 1166 Farside Rd, FHI W H (1) Location: 110 17-0377

Radon-222 Bottle A HC1166 Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: S

Collector: BOLESLAV SIKHYAN Telephone No.: 410-313-1787

Date Collected: 12/3/18 Time Collected: 11:00 a.m. \_\_\_\_\_ p.m.

Field pH: 6.7 Field Chlorine: 0.1

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: SAMPLE TAKEN FROM WELLS WITHIN W/THIN

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1133	EPA900.0	23.7 ± 4.1	12/5/18	MA	12/16/18
<input checked="" type="checkbox"/> Gross Beta	4100	1133	EPA900.0	24.0 ± 2.7	12/5/18	MA	12/16/18
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input checked="" type="checkbox"/> Gross Alpha - Conf		1133	EPA900.0	25.6 ± 4.1	12/6/18	RH	12/11/18
<input checked="" type="checkbox"/> Gross Beta - Conf		1133	EPA900.0	25.8 ± 2.9	12/6/18	RH	12/11/18

Date Received: 12/3/18 Received By: \_\_\_\_\_

Data Release Signature: [Signature] Date: 12/12/18

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

C1 54312

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

11 27 18

300

HO-17-0377

OWNER: Reza TAFRISHA & Ari; WELL SITE ADDRESS: 11666 Farside Road; TOWN: Ellicott City

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for DIRT, GRAY ROCK, and HIT WATER @ 153'.

GROUTING RECORD section: WELL HAS BEEN GROUTED (checked), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (40).

OTHER CASING table with columns: EACH CASING, diameter, depth (from, to). Includes entries for PL casings at 4 inch diameter.

SCREEN RECORD section: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (checked YES)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO.: M8D066; DRILLERS SIGNATURE: Marnie E. Corp III

LIC. NO.: WRD126; SIGNATURE: Ronnie Puccio

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

DEPTH table with columns: T, A, C, S, R, E, N and depth values (200, 220, 240, 280).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST section: HOURS PUMPED (3), PUMPING RATE (11.54), METHOD USED TO MEASURE PUMPING RATE (long by bucket), WATER LEVEL BEFORE PUMPING (23), WHEN PUMPING (104), TYPE OF PUMP USED (jet).

PUMP INSTALLED section: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (15), PUMP HORSE POWER (1), PUMP COLUMN LENGTH (278), CASING HEIGHT (above), LAND SURFACE (1).

LATITUDE 39.2474 N, LONGITUDE 76.9149 W (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

B 1 60103

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-17-0377  
fill in this form completely

64074 please type

1 2 3 6

Date Received (APA) 11/20/2018

OWNER INFORMATION

8 11 20 2018  
15 REZA TAFRISHI ARI  
36 11666 Farside Road  
57 Ellicott City MD 21042

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
Ellicott City  
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Maurice Dixon MS D 066  
Firm Name Carroll Water Systems  
Address 12047 Falls Rd, Cockeysville  
Signature Maurice Dixon III Date 11/20/18

B 4

SOURCES OF DRILLING WATER

1 Well  
2  
3

11666 Farside Rd  
STREET ADDRESS  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 100 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 23 BLK: 21 PARCEL: 126

\* Emergency out-of-water

B 2 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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard  
COUNTY NAME COUNTY NO. 13  
STATE SIGNATURE INSERT S  
DATE ISSUED 11/20/18  
CO SIGNATURE EXP. DATE 11/20/19  
DOW: 11/26/2018 DOB: 11/29/2018 DOY: 12/3/10

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTARY DRIVE-POINT

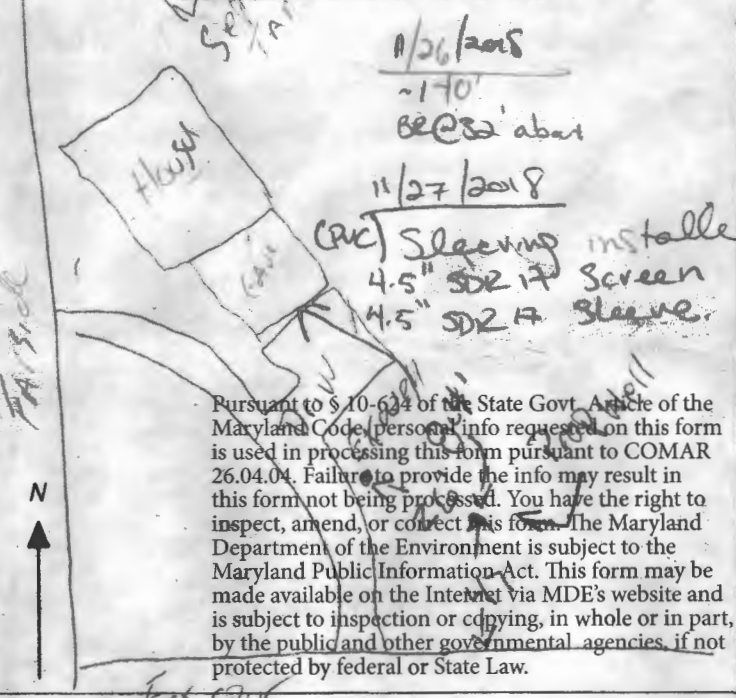
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 HO-73-4392
- 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-17-0377

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, (person's info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

WATER WELL ABANDONMENT SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 11-27-18 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 73 - 4392

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 17 - 0377

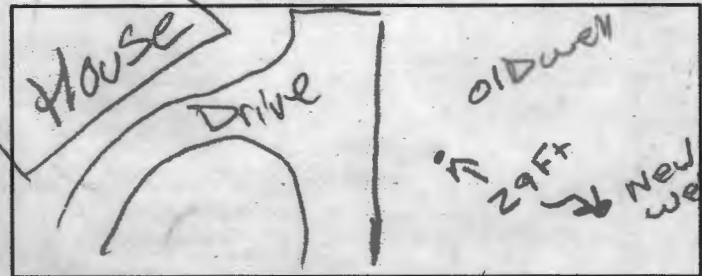
\* PERSON ABANDONING WELL: Mannie & Duff III WELL DRILLER'S LICENSE NUMBER: 0666

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Beza Tafirsha

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Ellicott City  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 11666 Farside Road



LATITUDE 39.247531

LONGITUDE 76.918487

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland	0	50+?
Well was collapsed and pump stuck		
VOLUME OF MATERIAL USED		
<u>13 Bags Portland</u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
\_\_\_\_\_ BORED \_\_\_\_\_ HAND DUG \_\_\_\_\_  
\_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
\_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
\_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
\_\_\_\_\_ STEEL  PLASTIC \_\_\_\_\_  
\_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 240 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Mannie & Duff III 0666

MWD / MSD / MGS  
CIRCLE ONE

DATE 11/27/18

COUNTY

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# CARROLL WATER SYSTEMS

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-876-5100

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 12-03-18  
Address: 11666 Farside Road  
Owner Name: Tafrishi Reza  
Well Depth: 300 Ft

Permit Number: HO-17-0377  
Subdivison:  
Election District:  
Static Water Level: 23 Ft

### Tandem Yield Test

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 Gallon bucket	Calculated Flow-Gallons Per Minute
0930	23 ft	43 psi	22 sec	13.64
0945	72	43	22	13.64
1000	79	41	24	12.50
1015	96	41	22	13.64
1030	101	50	26	11.54
1045	101	50	26	11.54
1100	101	50	26	11.54
1115	101	50	26	11.54
1130	101	50	26	11.54
1145	101	50	26	11.54
1200	101	50	26	11.54
1215	101	50	26	11.54
1230	101	50	26	11.54
1245	101	50	26	11.54
1300	101	50	26	11.54
1315	101	50	26	11.54
1330	101	50	26	11.54

**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: CARROLL WATER Telephone #: 410-876-5100  
Address: 12017 FALLS ROAD  
COCKEYSVILLE, MD 21030

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

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

Name (Print): Jorge Montes License#: JWD 402

**\*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: TAFISHA BEZA Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-17-0377  
Site Address: 11666 FARSIDE ROAD  
ELICOTT CITY, MD 21042

**Submersible Pump Data**

Make: GRUNDFOS  
Model #: 10SQE10-250  
Pump Capacity 10 GPM  
Well Yield: 11.54 GPM

**Pitless Adapter**

Make: Campbell  
Model#: 510YLF  
Depth: 36+ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 300 (feet)  
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 Well is screened  
**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing**

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 36 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_ Tied into existing well line

**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 \_\_\_\_\_



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

November 28<sup>th</sup>, 2018 *11/28/2018*

Home Owner  
11666 Farside Road  
Ellicott City, MD 21042

RE: **Replacement Well Sampling**  
11666 Farside Road  
Ellicott City, MD 21042  
Well Permit # HO-17-0377

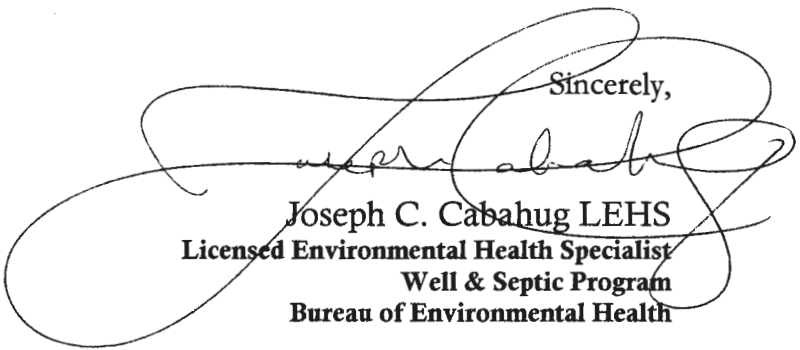
Dear Homeowner:

According to our records, your replacement well is proposed to be connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested. Additionally, the well shall be tested for gross alpha radium and gross beta radium as the well is in the radioactive Baltimore Gneiss formation in Howard County.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



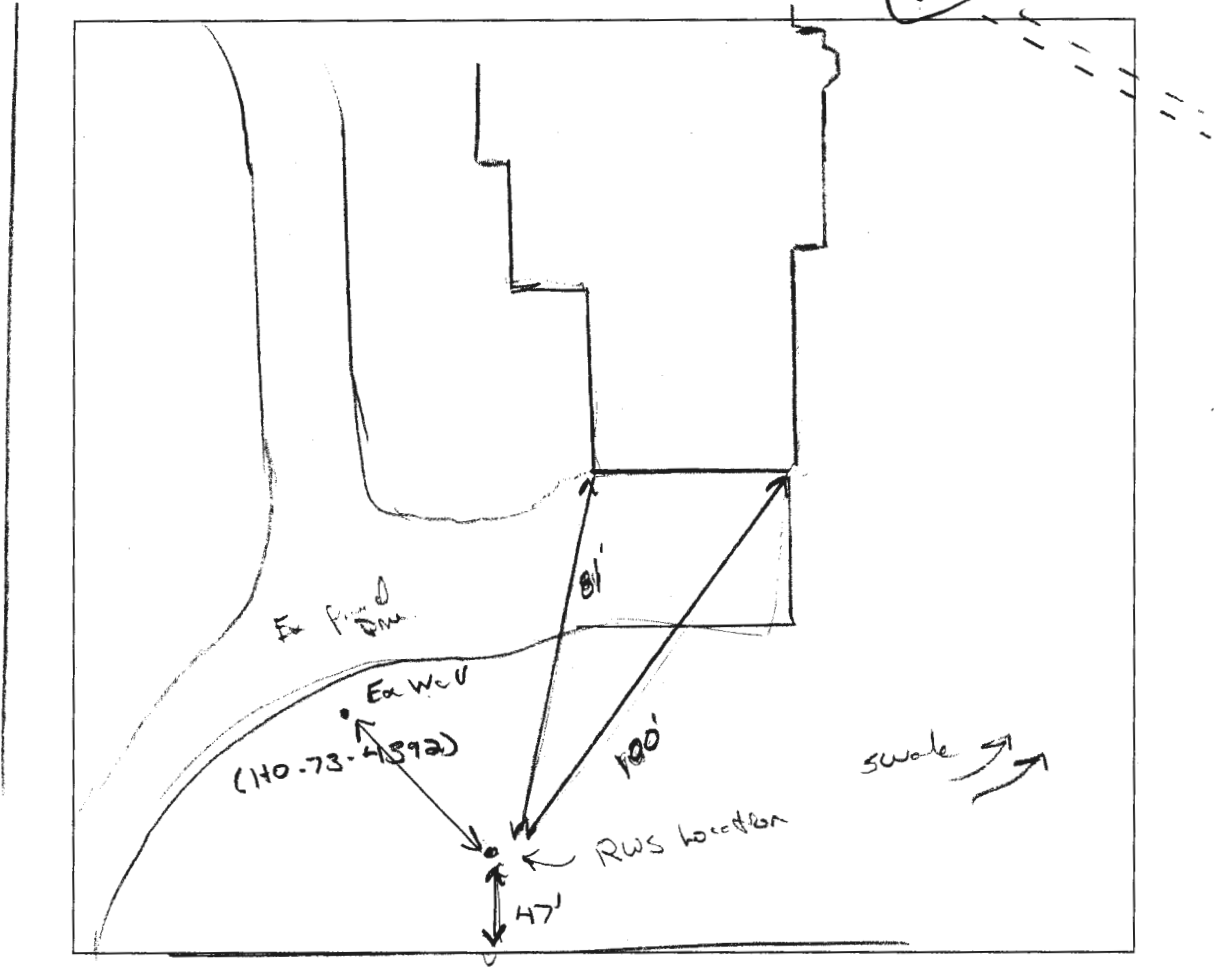
**Joseph C. Cabahug LEHS**  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

Cc: Community Hygiene Program  
File

SITE INSPECTION SHEET

OWNER: Reza Tafreshi PHONE #: \_\_\_\_\_  
ADDRESS: 11666 Forside Road CONTRACTOR: Lorrell H2O  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: Forside LOT: 21 COUNTY #: (13)  
PROPOSAL: Emergency out of H2O

LOCATION DIAGRAM



COMMENTS: Foxspur  
Approved location as shown. Can 'ok' to Diller  
to start over Hulsberg (which they will). will need  
to collect samples

DATE: 11/20/18 INSPECTOR: K. Wolf

## Wolf, Kevin

---

**From:** Brian Smith <bsmith@carrollwater.com>  
**Sent:** Tuesday, November 20, 2018 9:12 AM  
**To:** Wolf, Kevin  
**Cc:** 'Theresa McTaggart'  
**Subject:** No Water new well 11666 Farside Road Ellicott City

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,  
I was out at the home of Tafrishi & Ari Reza 11666 Farside Road last night because they have no water. They experienced gradual increase of sediment over the last several months up until yesterday when it appears the well has collapsed. I would like to meet someone onsite today or tomorrow to get a new well location and permit. I think I can get a rig there by tomorrow for them.

### Brian W. Smith

*President*



12047 Falls Road  
Cockeysville, MD 21030

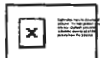
OFFICE: 410-876-5100  
CELL: 410-984-3315  
FAX: 410-751-6468

[bsmith@carrollwater.com](mailto:bsmith@carrollwater.com)

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Virus-free. [www.avg.com](http://www.avg.com)

## Real Property Data Search ( w2)

## Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>							
<b>Exempt Class:</b>		NONE							
<b>Account Identifier:</b>		District - 03 Account Number - 306968							
Owner Information									
<b>Owner Name:</b>		TAFRISHI REZA HOGHOOGHI AREZOU			<b>Use:</b>		RESIDENTIAL		
<b>Mailing Address:</b>		11666 FARFIDE RD ELLCOTT CITY MD 21042-			<b>Principal Residence:</b>		YES		
					<b>Deed Reference:</b>		/15378/ 00390		
Location & Structure Information									
<b>Premises Address:</b>		11666 FARFIDE RD ELLCOTT CITY 21042-0000			<b>Legal Description:</b>		LOT 21 3.778 AR 11666 FARFIDE RD FARFIDE		
<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Sub District:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>
0023	0021	0126		2040			21	2019	<b>Plat Ref:</b>
<b>Special Tax Areas:</b>				<b>Town:</b>		NONE			
				<b>Ad Valorem:</b>		100			
				<b>Tax Class:</b>					
<b>Primary Structure Built</b>		<b>Above Grade Living Area</b>		<b>Finished Basement Area</b>		<b>Property Land Area</b>		<b>County Use</b>	
1986		5,840 SF				3.7700 AC			
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Major Renovation</b>			
2	NO	STANDARD UNIT	FRAME	4 full/ 1 half	1 Attached				
Value Information									
		<b>Base Value</b>		<b>Value</b>		<b>Phase-in Assessments</b>			
				As of		As of		As of	
				01/01/2016		07/01/2018		07/01/2019	
<b>Land:</b>		350,700		350,700					
<b>Improvements</b>		484,600		484,600					
<b>Total:</b>		835,300		835,300		835,300			
<b>Preferential Land:</b>		0							
Transfer Information									
<b>Seller:</b> GRIFFIN CHERYL G TRUSTEE			<b>Date:</b> 12/16/2013			<b>Price:</b> \$836,000			
<b>Type:</b> ARMS LENGTH IMPROVED			<b>Deed1:</b> /15378/ 00390			<b>Deed2:</b>			
<b>Seller:</b> GRIFFIN CHERYL G			<b>Date:</b> 11/09/2010			<b>Price:</b> \$0			
<b>Type:</b> NON-ARMS LENGTH OTHER			<b>Deed1:</b> /12828/ 00200			<b>Deed2:</b>			
<b>Seller:</b> GRIFFIN RANDALL M			<b>Date:</b> 04/09/2010			<b>Price:</b> \$0			
<b>Type:</b> NON-ARMS LENGTH OTHER			<b>Deed1:</b> /12401/ 00362			<b>Deed2:</b>			
Exemption Information									
<b>Partial Exempt Assessments:</b>		<b>Class</b>		07/01/2018		07/01/2019			
<b>County:</b>		000		0.00					
<b>State:</b>		000		0.00					
<b>Municipal:</b>		000		0.00		0.00			
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>							
<b>Exempt Class:</b>		NONE							
Homestead Application Information									
<b>Homestead Application Status:</b> No Application									
Homeowners' Tax Credit Application Information									

