

C1 64852 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 03 13 20

DATE WELL COMPLETED  
 MM DD YY  
 01 29 2020  
 Depth of Well  
 22 300 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HO 17 0312

OWNER Land Design + Development  
 WELL SITE ADDRESS Folly Quarter RD first name TOWN Elkton City  
 SUBDIVISION Hyman Property SECTION LOT Parcel 149

WELL LOG  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
SOIL	0	5	
CLAY	5	10	
Brown Shale	10	17	
Limestone	17	300	✓
		86	✓
		250	✓

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  Y NO  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 45 46 27 NO. OF POUNDS 45 46 350  
 GALLONS OF WATER 675  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 48 TOP 0 ft. to 20 54 BOTTOM 58 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 PL 6 20  
 60 61 63 64 66 70

OTHER CASING (if used)  
 diameter inch depth (feet) from to  
 PL 4 12 20 40

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED YES  Y NO  N

CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M W D 355  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 W R D 113

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

DEPTH (nearest ft.)  
 1 20 300  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to  
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 8 9  
 PUMPING RATE (gal. per min.) 15.0  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE Watch/Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 16 ft.  
 17 20  
 WHEN PUMPING 23 ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

PUMP INSTALLED  
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above 49  
 - below 49  
 LAND SURFACE 1 (nearest foot) 50 51

LATITUDE 39.27061  
 LONGITUDE 76.91240  
 (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. 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.

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>54255</b>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>5163001</b>	STATE PERMIT NUMBER <b>HO - 17 - 0312</b> <small>70</small> <small>79</small> <i>fill in this form completely</i>					
Date Received (APA) <b>05/25/18</b> 8 MM DD YY 13	<b>OWNER INFORMATION</b>		<b>B 3</b> <b>LOCATION OF WELL</b>					
15 Last Name <b>LAND Design + Development</b>	Owner First Name <b>8318 Forrest Street</b>	34	8 COUNTY <b>Howard</b>					
36 Street or RFD <b>Ellicott City, MD 21043</b>	55	57 Town	23 SUBDIVISION <b>Hyman Property</b>					
70 State	72 Zip	76	SECTION <b>Ellicott City</b>					
			44 46 LOT 48 50					
			52 NEAREST TOWN <b>Ellicott City</b>					
			71					
<b>DRILLER INFORMATION</b>		<b>B 4</b> <b>SOURCES OF DRILLING WATER</b>						
Driller's Name <b>Barlow Well Drilling MWD 355</b>	76 License No. <b>81</b>	1. <b>Well</b>						
Firm Name <b>Michael Barlow</b>		2.						
Address <b>522 Underwood Lane 21014</b>		3. <b>1/2a/20</b>						
Signature <i>[Signature]</i>	Date <b>5/24/18</b>	liner through all of well						
<b>B 2</b> <b>WELL INFORMATION</b>		<b>11</b> STREET ADDRESS <b>Folly Quarter Rd</b>						
1 APPROX. PUMPING RATE (GAL. PER MIN.)	8 <b>750</b>	34	37					
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	14 <b>750</b>	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)						
	20	<table border="1" style="margin: auto;"> <tr><td>N</td></tr> <tr><td>W</td><td>S</td><td>E</td></tr> <tr><td>S</td></tr> </table>		N	W	S	E	S
N								
W	S	E						
S								
		DISTANCE FROM ROAD ENTER FT OR MI <b>40</b> <b>FT</b>						
		TAX MAP: <b>23</b> BLK: <b>9</b> PARCEL: <b>140</b>						
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>		<b>NOT TO BE FILLED IN BY DRILLER</b>						
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		<b>HEALTH DEPARTMENT APPROVAL</b>						
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		COUNTY NAME <b>Howard</b>						
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		COUNTY NO. <b>3115</b>						
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		STATE SIGNATURE <i>[Signature]</i>						
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		DATE ISSUED <b>07/16/18</b>						
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		CO SIGNATURE <i>[Signature]</i>						
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		EXP. DATE <b>07/16/19</b>						
APPROXIMATE DEPTH OF WELL <b>300</b> FEET		NEAREST TOWN						
APPROXIMATE DIAMETER OF WELL <b>6</b> INCH		PROPOSED LOCATION OF WELL ON LOT						
<b>METHOD OF DRILLING (circle one)</b>		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL						
<input checked="" type="checkbox"/> BORED (or Augered)								
<input type="checkbox"/> JETTED								
<input type="checkbox"/> ROTARY (Hydraulic Rotary)								
<input type="checkbox"/> DRIVE-POINT								
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b>		<p>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. 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.</p>						
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL								
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED								
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS								
<input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL								
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <b>41</b>								
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>								
APPROP. PERMIT NUMBER <b>G</b>								
PERMIT No. <b>HO - 17 - 0312</b>								
<b>SPECIAL CONDITIONS</b>								
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <b>RADIUM SAMPLES REQ. AT YIELD</b>								



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood Lane**                      **Bel Air, Maryland 21014**  
**(410) 838-6910**                              **Fax (410) 838-3582**

**WELL YIELD REPORT**

Date Test Completed:	January 29, 2020	
Well Depth:	300	feet
Customer	Land Design & Development	Permit #
Road	Folly Quarter Road	Subdivision
City	Ellicott City	Section
State	Maryland	Lot #
		Parcel 140

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	16	4	15.00
9:45 AM	23	4	15.00
10:00 AM	23	4	15.00
10:15 AM	23	4	15.00
10:30 AM	23	4	15.00
10:45 AM	23	4	15.00
11:00 AM	23	4	15.00
11:15 AM	23	4	15.00
11:30 AM	23	4	15.00
11:45 AM	23	4	15.00
12:00 PM	23	4	15.00
12:15 PM	23	4	15.00
12:30 PM	23	4	15.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

1066

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)242-2640 FAX: (410)313-2648  
313-1771

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: AMANTIC BLUE LLC Telephone #: 410-840-7583  
Address: 1802 Baltimore Blvd.  
Wheaton, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Kirk Sweeney Licensed 70788

\*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: Lawrence Hyman Telephone #: 410-442-2211  
Subdivision: Foxleigh-Hyman Properties Lot #: — Well Tag #: EO-17-0312 ✓  
Site Address: 3651 Folly Quarter Rd. Parcel 140  
Ellicott City, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Campbell Two piece watertight cap: ✓  
Model #: \_\_\_\_\_ Model #: \_\_\_\_\_ Screened, vented well cap: ✓  
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: ✓  
Well Yield: 15 GPM NSF approved: ✓ Conduit min 1 1/2" B.C.: ✓  
Depth of well encountered at time of pump installation: 180 (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 wrenches or Cables guides are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house House Connection  
Type: PVC PVC sleeved to undisturbed soil at wall penetration: ✓  
PSI: 20 (160 psi min) Approximate length of sleeve: 20  
Depth of supply line: 3' (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] 3/7/22  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/10/22 Date Insp. Approved: 3/10/22  
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 1 1/2" 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 ✓

HD-215 (Rev. 8/00) 4" well casing sleeved w/ 6" casing and raised above grade; grout observed underneath coupling ✓



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
 522 Underwood Lane      Bel Air, Maryland 21014  
 (410) 838-6910      Fax (410) 838-3582


**WELL YIELD REPORT**

	Date Test Completed:	March 9, 2020
	Well Depth:	70 feet
Customer	Land Design & Development	Permit # _____
Road	3661 Folly Quarter Rd	Subdivision Hyman Property
City	Ellicott City	Section _____
State	Maryland	Lot # Parcel 28

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:00 PM	10	4	15.00
12:15 PM	12	4	15.00
12:30 PM	12	4	15.00
12:45 PM	12	4	15.00
1:00 PM	12	4	15.00
1:15 PM	12	4	15.00
1:30 PM	12	4	15.00
1:45 PM	12	4	15.00
2:00 PM	12	4	15.00
2:15 PM	12	4	15.00
2:30 PM	12	4	15.00
2:45 PM	12	4	15.00
3:00 PM	12	4	15.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

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

**TO:** Michael Barlow MWD 355

**FROM:** Joseph Cabahug   
Licensed Environmental Health Specialist 01997  
Howard County Health Department  
Well & Septic Program

**DATE:** July 16<sup>th</sup>, 2018

**RE:** Hyman Property Subdivision – Well Special Conditions.

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

**All wells are in the 1000 foot Baltimore Gneiss Buffer and Will require Radium Samples at the Yield.**

**Simultaneous Yield Contingency:**

**Note 14:** Yield Tests must be simultaneous on all wells established within 50' of another newly established well. This simultaneous yield test must occur prior to submittal of building permit. The well completion report, including the yield test data must be approved by the Health Department prior to approval of the respective building permits.

**Parcel No. 140:**

**Note 21:** The New Home proposed on Parcel No. 140 requires the installation of a well as shown hereon Percolation Certification signed 06/15/2018. The approval by the Health Department for the Well installation requires the abandonment of the existing septic system on adjoining Parcel No. 28 and connection to the shared septic system.

**Please begin drilling in an area of the well box that is 200 feet away or farther from the existing septic system on Parcel No. 28.**

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2643 or email [jcabahug@howardcountymd.gov](mailto:jcabahug@howardcountymd.gov).

JCC

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

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – DECEMBER 9, 2022

June 9, 2022

Homeowner  
3651 Folly Quarter Road  
Ellicott City, MD 21042

**RE: Foxleigh, P. 140**  
**3651 Folly Quarter Road**  
**Building Permit: B21002876**  
**Well Permit: HO-17-0312**

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 **6/8/2022**. Final approval of the well line connection to the dwelling was granted on **3/10/2022**. The well construction was completed on **1/29/2020**. Water samples were collected on **6/2/2022**.

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 **1/29/2020**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **6.2 ± 1.9 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-17-0312. 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.**

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

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>

In closing, please refer to our “Homeowner Fact Sheet” for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 152346 Account #: 1045  
Reference: CBI Homes/Chalita Atallah Client: Atlantic Blue Water Services  
Location: 3651 Folly Quarter Road Requested By: Mark Mather  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 6/2/2022 1150 Site: Laundry Tub  
Date/Time Rec'd: 6/2/2022 1420 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: M. Mather 0258MM Well #: HO-17-0312

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/3/2022 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/3/2022 / 0900 / CRS
Nitrate.	4.66	mg/L	10	EPA 300.0	6/2/2022 / 2132 / TSD
Turbidity	1.96	NTU	<10	SM2130B	6/2/2022 / 1600 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	6/2/2022 / 1445 / TSD

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH tested on site; Chlorine level tested in lab
- 7 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy

**Building Permit # :** B21002876

Date Reported: 6/3/2022



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

March 4, 2020

Land Design and Development  
8318 Forrest Street  
Ellicott City, Maryland 21043

RE: Hyman Property Parcel 140  
Folly Quarter Road  
Well Tag: HO – 17 – 0312

To Who it May Concern:

A sample was collected during a yield test on January 29, 2020 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  $< 2.0 \pm 0.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $6.2 \pm 1.9$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below 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 well water supply **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

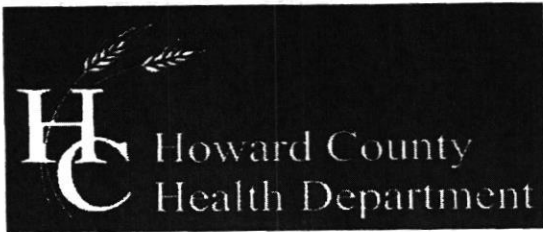
A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,

Bert Nixon, Director  
Bureau of Environmental Health

Enclosure

✓ cc: Property file



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

**TO ALL INTERESTED PARTIES**

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

Well Site Location:

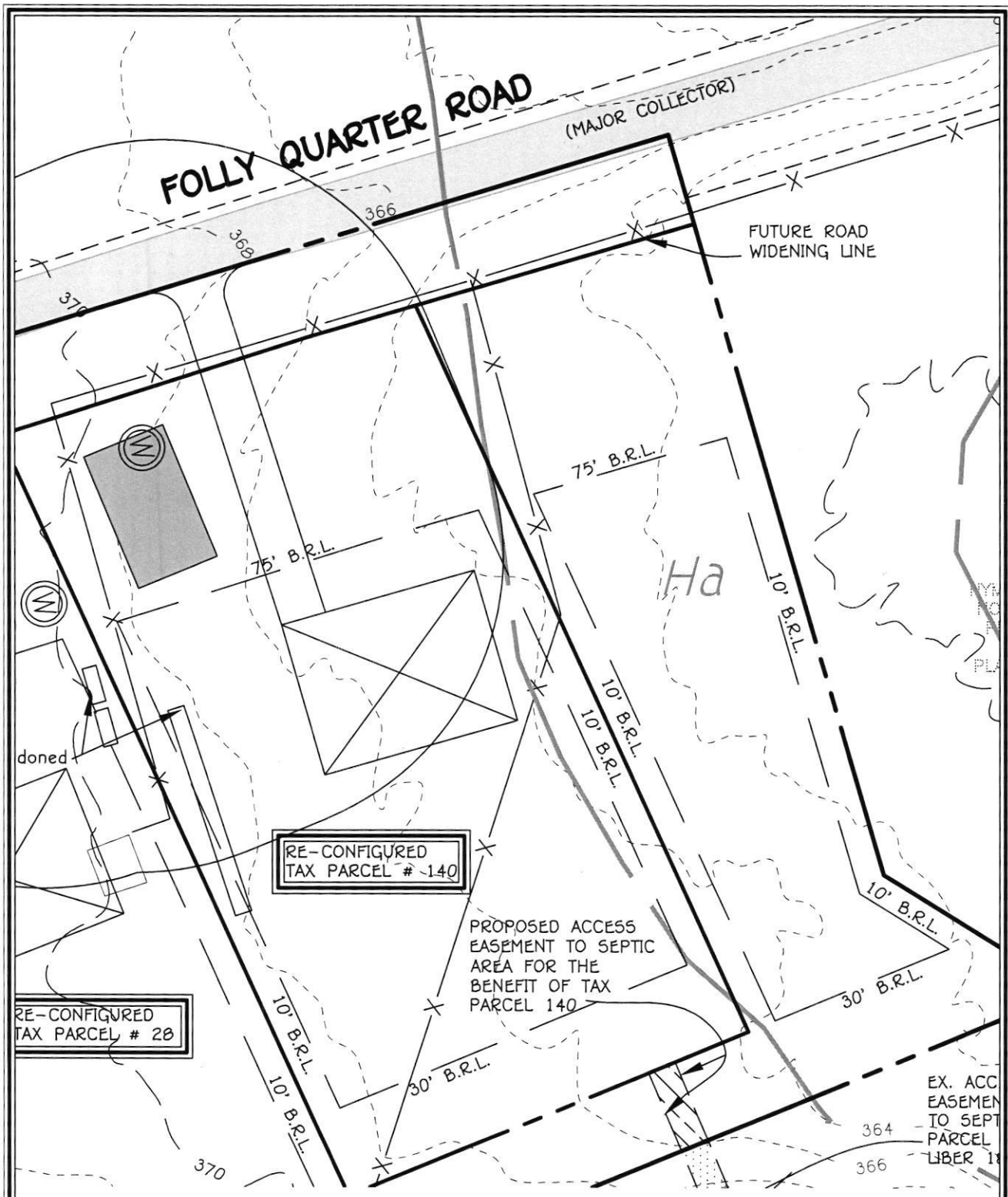
HYMAN PROPERTY      Parcel      Folly Quarter Rd  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Fisher, Collins & Carter  
(professional land surveyor or company employing professional land surveyors)  
on 11/15/19 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

dwg. Parcel 140, 1:1



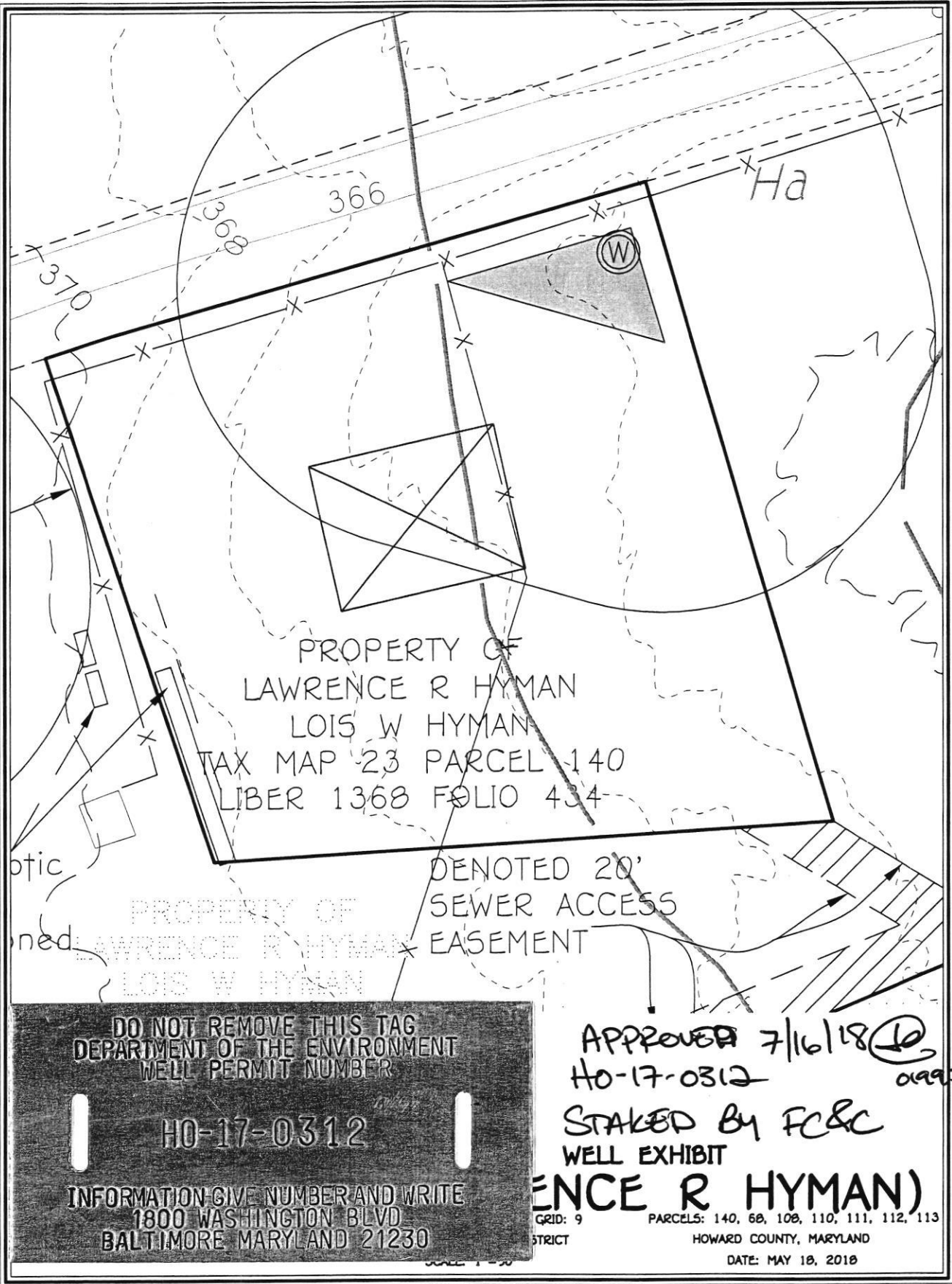
**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2895

# WELL EXHIBIT (LAWRENCE R HYMAN)

TAX MAP #23 GRID: 9  
 3RD ELECTION DISTRICT  
 SCALE: 1"=50'

PARCEL: 140  
 HOWARD COUNTY, MARYLAND  
 DATE: NOVEMBER 8, 2018

1:2004\04031\dwg\04031-4002 Perc Plan.dwg, Parcel 140, 1:1



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER

**HO-17-0312**

INFORMATION GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

APPROVED 7/16/18 *[Signature]*  
 HO-17-0312 0997

STAKED BY FC&C  
 WELL EXHIBIT

**ENCE R HYMAN)**

GRID: 9 PARCELS: 140, 68, 108, 110, 111, 112, 113  
 STRICT HOWARD COUNTY, MARYLAND  
 DATE: MAY 18, 2018

## Cabahug, Joseph

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**From:** Cabahug, Joseph  
**Sent:** Monday, December 30, 2019 9:40 AM  
**To:** Mike Isom  
**Cc:** Williams, Jeffrey; Wolf, Kevin; Rappaport, Ryan; Thomas, Susan; Martin, Sharhonda  
**Subject:** Release of Permit 17-0312

Hello Mike,

This is release of the well permit for HO-17-0312 for Hyman Property Parcel 140. The original permit has since expired. I am renewing it for another year as I should not have released it until the shared system was installed. The Shared system on Parcel 112 has now become a lot for individual property systems. The New expiration date for the well permit is 12/09/2020. If the developer lapses the well permit and the well is not drilled by 12/09/2020, the well permit must be re-applied for and the 160\$ fee.

Bests,

Joseph C. Cabahug - LEHS  
Environmental Health Specialist  
Howard County Health Department - Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2643  
(f) 410-313-2648



[jcabahug@howardcountymd.gov](mailto:jcabahug@howardcountymd.gov)

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*Excavation • Septics • Footers • Bobcat Services • Sediment Control • Silt Fence  
Field Mowing • Fill Dirt • Top Soil • Dumpster Service • Building Demolition*



## **WTC CONTRACTORS, INC.**

3033 Salem Bottom Road  
Westminster, Maryland 21157  
**410-875-9771 • 410-458-7024**



October 22, 2019

Catonsville Homes  
11175 Stratfield Ct  
Marriottsville, MD 21104

Re: 3661 Folly Quarter Rd, Ellicott City,, MD 21042

We dug up a septic tank that was approximately 1250 gallons which led to drain fields and an abandoned tank. Jet septic pumped tank. We removed tanks, broke up and filled in with compacted clean fill and graded area.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Walter T. Coon, Jr.'.

Walter T. Coon, Jr.  
President







SEND REPORT TO: Bert Nixon

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

Lab No.

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

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Higman Property, Parcel 140 County: Howard  
Sample Source: Higman Property, Parcel 140, Fully Quoted Location: HO-17-0312  
(Well no., lab sink, sample tap, etc.)  
Radon-222 Bottle A H05T0312 RA Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
County 113 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: 4 F Federal Project: \_\_\_\_\_  
Collector: Susan Thomas Telephone No.: 410-313-6287  
Date Collected: 1/29/2020 Time Collected: 10:50 a.m. \_\_\_\_\_ p.m.  
Field pH: 6.5 Field Chlorine: negative  
Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: collected at yield of HO-17-0312

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1608	EPA 9000	1.20	1/31/2020	K11	2/3/2020
<input checked="" type="checkbox"/> Gross Beta	4100	1608	EPA 9000	6.2 ± 1.9	1/31/2020	K11	2/3/2020
<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 type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 1-30-20 Received By: [Signature]  
Data Release Signature: [Signature] Date: 02/10/20

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

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

FORM REVISED 05/15  
DHMH 4540 05/17



## Wolf, Kevin

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**From:** Mike Isom <misom@mbwd.us>  
**Sent:** Wednesday, January 09, 2019 8:38 AM  
**To:** Wolf, Kevin  
**Subject:** Hyman property yield tests

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

We have the 5 cluster wells in place. Here is the data:

Lot 15 - 250' well w/ est 10 gpm. water at 235'

Parcel 108 - 300' well w/ est 6 gpm. water at 140 & 265'

Parcel 110 - 345' well w/ est 10 gpm. water at 155 & 315

Parcel 111 - 265' well w/ est 8 gpm. water at 215 & 245'

Parcel 113 - 300' well w/ est 7 gpm. water at 160 & 270'

Lot 15, parcel 111 & parcel 113 are clustered on the left side of the existing drive. Our intent is to test those 3 simultaneously next Monday while monitoring 108 & 110

parcel 108 & 110 are on the right side of the driveway. They would be tested simultaneously next Tuesday while monitoring the other 3.

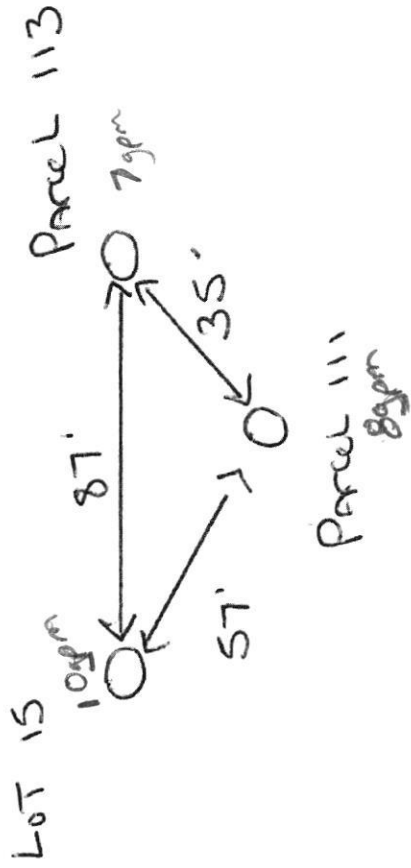
Would you make any changes to that plan?

--

Sincerely,

Michael Isom  
Project Manager  
Michael Barlow Well Drilling Service  
Phone: (410) 838-6910  
Fax: (410) 838-3582  
522 Underwood Lane  
Bel Air, MD 21014  
[www.michaelbarlowwelldrilling.com](http://www.michaelbarlowwelldrilling.com)  
[www.thermalloopcorp.com](http://www.thermalloopcorp.com)  
[Click HERE to like us on Facebook!](#)





Parcel 108  
 $69\text{pm}$

$109\text{pm}$   
 O  
 D11

Hymen Property well's


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

## MEMORANDUM

TO: Kent Sheubrooks, Chief  
Dept. Planning & Zoning

FROM: Kevin M. Wolf, EHS Supervisor   
Groundwater Mgmt. Sec.  
Well & Septic Program

DATE: March 8, 2019

RE: 'All-Wells-Drilled' -- **F-19-016**  
**Locust Ridge Est. Lot 15 (a.k.a. Hyman Property)**

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The well for *Locust Ridge Est Lot 15* has been drilled and received preliminary approval by the Health Department. The recordation of plat **F-19-016** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, I can be reached at (410) 313 – 2645.

KMW

C.c. Ron Green, Land Design and Development, [rgreen@ldandd.com](mailto:rgreen@ldandd.com)  
File