

**C1** 6093 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER

ST/CO USE ONLY DATE Received MM 12 DD 20 YY 11 DATE WELL COMPLETED MM 12 DD 6 YY 11 Depth of Well 22 600 26 (TO NEAREST FOOT) 11/24/12 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2217

OWNER CHAPEL RISE LTD last name 11795 Blvdgon woods first name TOWN CLARKSVILLE  
 STREET OR RFD SUBDIVISION CHAPEL RISE SECTION LOT 2

**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	
Top Soil	0	2	
Brown Shale	2	10	
Brown Mica	10	20	
Gray Mica	20	65	
Brown Mica	65	66	
Gray Mica	66	425	
open 149	425	426	✓
Gray Mica	426	600	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 1100  
 GALLONS OF WATER 84  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 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)  
 60 61 63 64 66 70  
 6 40

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**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  no

**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 **MND 040**  
 DRILLERS SIGNATURE *George J. Robertson*  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 **ISD 038**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  
*Bruc Shampson*

**C2** DEPTH (nearest ft.)

1	HO	39	600
E	8	9	11
A			
C			
H	23	24	26
S			
C			
R	38	39	41
E			
E			
N			
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

**C3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 100 ft. WHEN PUMPING 332 ft.  
 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 LAND SURFACE (nearest foot) 1 below 50 51

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  
 39.2330  
 76.9218

B 1	<b>2305</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <i>536000</i>	STATE PERMIT NUMBER <i>HO - 95 - 2217</i> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) *10 12 11*  
8 MM DD YY 13

**Chapel Rise Ltd** 12020  
15 Last Name Owner First Name 34

**11795 Bragdon Wood**  
36 Street or RFD 55

**Clarksville Md 21029**  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

8 COUNTY Howard 21 CC#

23 SUBDIVISION Chapel Rise 42

SECTION 44 46 LOT 2 50

52 NEAREST TOWN Clarksville 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

**DRILLER INFORMATION**

**George F. Easterday** M W D 040  
Driller's Name 76 License No. 81

**L. Franklin Easterday, Inc.**  
Firm Name

**9265 Brown Church Rd., MT. Airy, Md. 21771**  
Address

*George F. Easterday* 10/14/2011  
Signature Date

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A532542  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 11/14/11 11/14/12  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 50 000 EAST GRID 57 000  
55 63

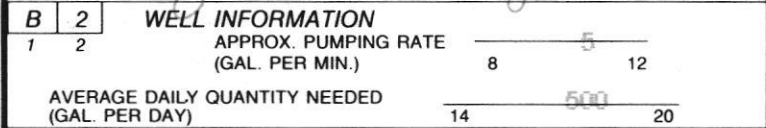
11 NEAR WHAT ROAD 11795 Bragdon Wood 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_



**METHOD OF DRILLING** (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. HO - 95 - 2217  
70 71 72 73 74 75 76 77 78 79

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

SOURCES OF DRILLING WATER

1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E \_\_\_\_\_

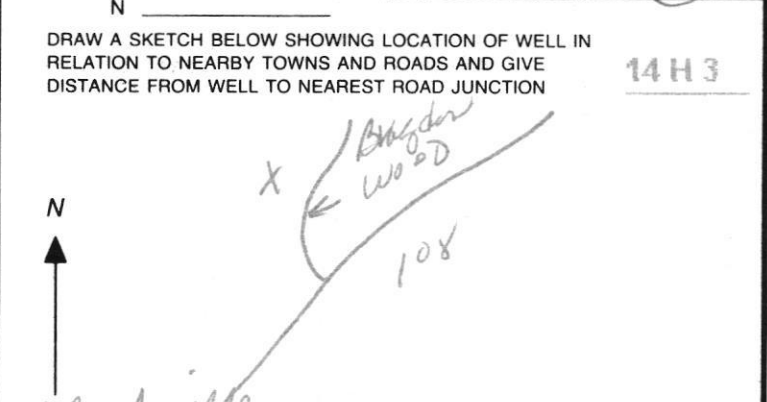
N \_\_\_\_\_

state to e 330'  
total depth @ 600'  
40' casing  
14 bags cement  
yild 5gm  
Sample collected @ yild 12/6/11 (RW)

000  
000

**SPECIAL CONDITIONS** *Radium Sample Needed*

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.





**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: Robert L. Feezer Co., Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(**Must circle one**) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Russell George License# PI0148

**\*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: Greenfield Homes Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO -95 -2217  
Site Address: 11540 Chapel Rise  
Clarkville, Maryland 21029

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5CS10422C</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>Yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

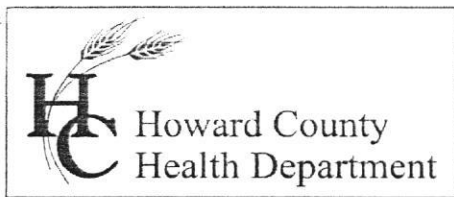
<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</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.**

Robert L. Feezer \_\_\_\_\_  
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 \_\_\_\_\_



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(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

February 6, 2012

**Chapel Rise Ltd.  
11795 Bragdon Wood  
Clarksville, Maryland 21029**

**RE: Chapel Rise Lot 2  
Bragdon Wood Drive  
Well Tag: HO - 95 - 2217**

To Whom It May Concern:

A sample was collected during a yield test on December 6, 2011 and submitted to the Department of Health & Mental Hygiene 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  $11.0 \pm 2.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $11.6 \pm 2.3$  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 value 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 future well water supply **does** meet EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy, but may be done as part of the Final Certificate of Potability process to confirm compliance with these regulatory standards. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required 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: Barry Glotfelty, MDE Water Mgmt.  
✓ Well & Septic property file

Send Report To:

Bert Nixon  
Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

E001113 8-7-

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HO 2217 No. B: - Field Blank Bottle No. 1: HO FB120611 No B: -

Plant/Site Name: Chapel Rise Lot (2) County: Howard

Sample Source: Bragdon Wood Dr. Location: HO-95-2217  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 12/6/11

Time Collected: \_\_\_\_\_ a.m. 12:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: \_\_\_\_\_ pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample collected during yield / Sample pH preserved to 4.20

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1113	11.0 ± 2.4	12/08/11	12/09/11
✓	Gross Beta	4100	1113	11.6 ± 2.3	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 12/17/11

Supervisor: [Signature]

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373

Send Report To:

Bert Nixon

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

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Sample Source: Bragdon Wood Dr Location: HO-95-2217  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 12/6/11

Time Collected:      a.m. 12:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data:      pH      Chlorine

Remarks: Sample collected during field / Sample pH preserved to 4.2

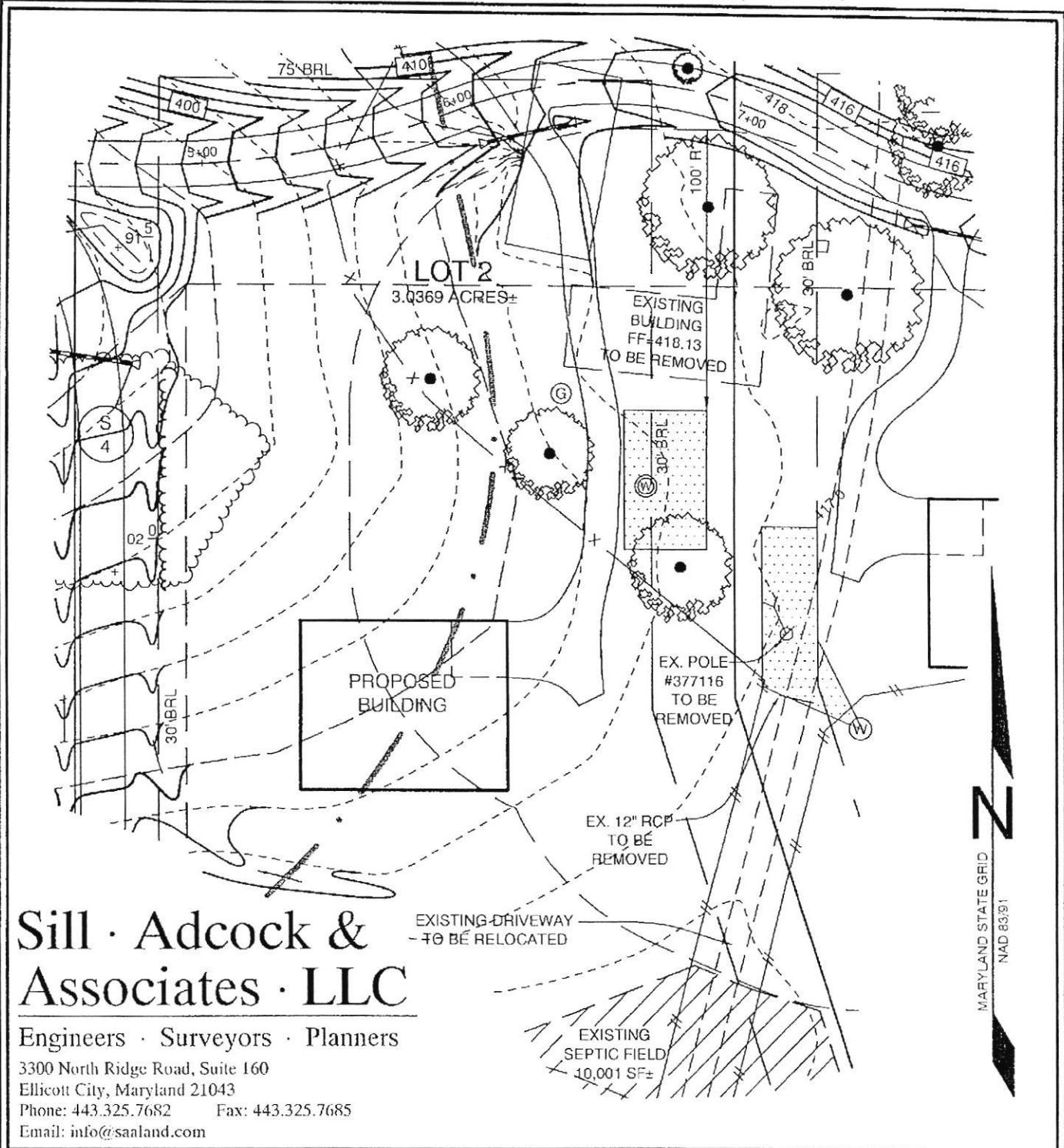
✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received:     /    /    

Supervisor:     

•Tel. No.: (410) 767 - 5537 •Fax No: (410) 333- 5373

\* Plan not to scale \* See signed P.C. \*  
will be OK



**Sill · Adcock &  
Associates · LLC**

Engineers · Surveyors · Planners  
3300 North Ridge Road, Suite 160  
Ellicott City, Maryland 21043  
Phone: 443.325.7682 Fax: 443.325.7685  
Email: info@saaland.com

DESIGN BY: PS  
DRAWN BY: PS  
CHECKED BY: PS  
SCALE: 1"=50'  
DATE: OCT. 08, 2011  
PROJECT #: 09-073  
SHEET #: 1 OF 1

11/14/11  
well site o.k.  
staked by  
Sill Adcock  
*(KW)*

**WELL PERMIT PLAN**  
**CHAPEL RISE**  
**LOT 2**

TAX MAP 29 GRID 13  
5TH ELECTION DISTRICT

PARCEL 26, 282 & 353  
HOWARD COUNTY, MARYLAND



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- The well site has been staked by Sill, Adech & Assoc,  
(professional land surveyor or company employing professional land surveyors)  
on 9/30/11 (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.

Revised 6/10/03

LOT 2 Chapel Rise  
Bragdon Wood

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 17, 2023**

October 17, 2022

Homeowner  
11540 Chapel Rise  
Clarksville, MD 21029

**RE: Chapel Rise, Lot 2  
11540 Chapel Rise  
Building Permit: B21000926  
Well Permit: HO-95-2217**

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 **10/7/2022**. Final approval of the well line connection to the dwelling was granted on **10/7/2022**. The well construction was completed on **12/6/2011**. Water samples were collected on **9/9/2022, 9/28/2022**.

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 **12/6/2011**. Results showed a Gross Alpha level of **11.0 ± 2.4 pCi/L** and **Gross Beta** level of **11.6 ± 2.3 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2217. 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>

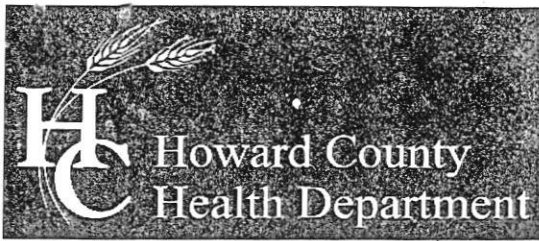
In closing, please refer to our “Homeowner Fact Sheet” for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

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



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

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

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

THIS AGREEMENT is made this 28<sup>th</sup> day of November, 2017, among Pantlea Rafei and Keyvan Rafei, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 11540 Chapel Rise Clarksville, MD, in the \_\_\_ Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # \_\_\_\_\_, Block # \_\_\_\_\_, Parcel # \_\_\_\_\_, Deed Reference # \_\_\_\_\_ and Tax Account # \_\_\_\_\_ ("the Property").

WHEREAS, The Property is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013. The pre-treatment device being installed is \_\_\_\_\_.

*\* IBAF Tank switched to Norweco TBTLP 1000 on approved septic plan dated 9/14/2020*

NOW, THEREFORE, the parties hereto agree as follows: *RIE 9/24/2020 Informed by Best Nixon*

A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

CIRCUIT COURT FOR HOWA  
8360 COURT AVENUE  
ELLCOTT CITY, MD 21043

11/28/2017

15:08:15

CREDIT CARD

VISA SALE

CARD # XXXXXXXXXXXXX7945  
Chip Card Visa  
Chip Card AID A000000031010  
ATC: 0001  
TC: 4E6CFF13D59AD+99  
INVOICE 0009  
SEQ #: 0009  
Batch #: 000588  
CLERK 0007  
Approval Code: 81576G  
Entry Method: Chip Read  
Mode: Issuer  
Tax Amount: \$0.00  
  
SALE AMOUNT \$60.00

NO REFUND WITHOUT COURT ORDER

CUSTOMER COPY

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: Rafei  
Ref: 163

LR - Agreement Surcharge  
1x 40.00 40.00

=====  
SubTotal: 60.00  
Total: 60.00

=====  
CRD-Credit 60.00  
Credit Card Confirmation : 81576G  
Other : 81576G

11/28/2017 15:09  
#9468174 /1246/109

CC13-DS

Thank you for visiting us today

E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Property that the system shall require maintenance or other attention. Upon taking title to the Property, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Beit Nifem 11/28/2017

Howard County Health Department

[Signature] 11/28/17

Owner #1 Signature                      Date

Kayvan Rabei

Owner #1 Print Name

[Signature] 11/28/17

Owner #2 Signature                      Date

Parthea Rabei

Owner #2 Print Name

\_\_\_\_\_  
Buyer #1 Signature                      Date

\_\_\_\_\_  
Buyer #1 Print Name

\_\_\_\_\_  
Buyer #2 Signature                      Date

\_\_\_\_\_  
Buyer #2 Print Name

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154864 Account #: 1920  
Reference: Robert L. Feezer Co Client: Robert L. Feezer Co  
Location: 11540 Chapel Rise Requested By: Linda Jones  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 9/28/2022 1155 Site: Pressure Tank  
Date/Time Rec'd: 9/28/2022 1505 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: J. Yeager 0819JY Well #: HO-95-2217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/29/2022 / 1015 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/29/2022 / 1015 / TSD

### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B21000926

Date Reported: 9/29/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154456 Account #: 1920  
Reference: Robert L. Feezer Co Client: Robert L. Feezer Co  
Location: 11540 Chapel Rise Requested By: Linda Jones  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 9/9/2022 0920 Site: Pump Tap  
Date/Time Rec'd: 9/9/2022 1518 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: R. Ott 0266RO Well #: HO-95-2217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2022 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2022 / 1000 / CCH
Turbidity	0.74	NTU	<10	SM2130B	9/9/2022 / 1620 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/9/2022 / 1720 / CRS
Nitrate.	<0.40	mg/L	10	EPA 300.0	9/9/2022 / 1803 / 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 & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B21000926

Date Reported: 9/12/2022