

C1 0851 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. *ON SW*
 COUNTY NUMBER *A513199E S/15/01*

ST/CO USE ONLY DATE Received *MM DO YY* DATE WELL COMPLETED *MM DO YY* 5 3 01
 Depth of Well *22 300* (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" *HO-94-2992*

OWNER *Brantwood LLC* STREET OR RFD *Argent Path* TOWN *EDICOH CITY*
 SUBDIVISION *Brantwood* SECTION *2/2* LOT *5*

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	
<i>Sand</i>	<i>0</i>	<i>26</i>	
<i>Gray Mica</i>	<i>76</i>	<i>300</i>	
<i>Rock</i>			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) *Y* *N*
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT *CM* BENTONITE CLAY *BC*
 NO. OF BAGS *25* NO. OF POUNDS *2350*
 GALLONS OF WATER *150*
 DEPTH OF GROUT SEAL (to nearest foot)
 from *0* ft. to *73* 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 *ST* Nominal diameter top (main) casing (nearest inch)! *6* Total depth of main casing (nearest foot) *80*

OTHER CASING (if used)
 diameter inch depth (feet) from to

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: *Y* *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. *M S D 024*
 DRILLERS SIGNATURE *[Signature]*
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. *M D*

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

C 2 DEPTH (nearest ft.)

<i>10</i>	<i>78</i>	<i>300</i>
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DIAMETER OF SCREEN (NEAREST INCH)
 from *58* to *60*

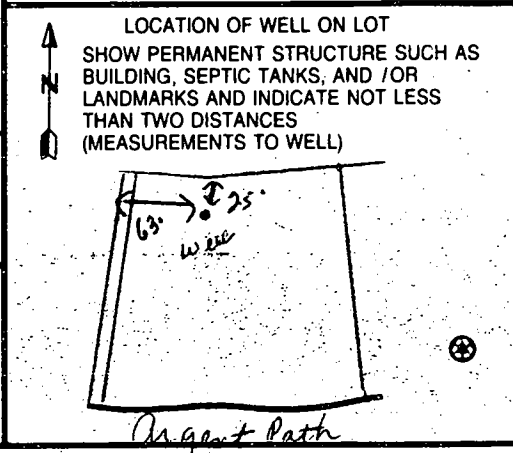
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 *Returned & Destroyed*

PUMPING TEST
 HOURS PUMPED (nearest hour) *3*
 PUMPING RATE (gal. per min.) *4.2*
 METHOD USED TO MEASURE PUMPING RATE *Bucket*
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING *15* ft.
 WHEN PUMPING *190* 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
- below } *2* (nearest foot)



B 1 03710

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HD-94-2992

fill in this form completely

OWNER INFORMATION: Date Received (APA) 2/9/01, Brantwood LLC, 8835 P Columbia Parkway, Columbia MD 21045

LOCATION OF WELL: Howard, Brantwood, Area 2, West Friendship, 3 1/2 miles from town

DRILLER INFORMATION: Joseph P. Mayne, M.S.D. 24, 5512 Ridge Rd. Mt. Airy, MD 21771, 2/8/2001

ARGENT PATH: Argent Path, 420 FT from road, Direction of well from town (E), ON WHICH SIDE OF ROAD (E)

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

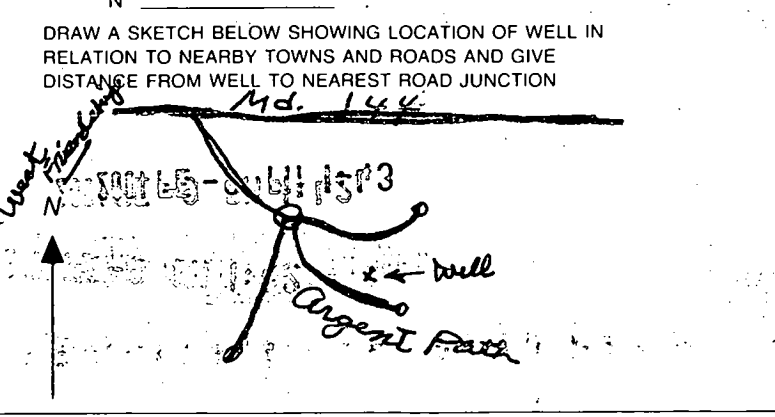
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard Co 13, DATE ISSUED 2/12/01, NORTH GRID 520000, EAST GRID 820000

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN

SOURCES OF DRILLING WATER: 1. WELL, WRITE THE BOX NUMBER FROM THE MAP HERE: E 820, N 520

METHOD OF DRILLING: AIR-ROTARY, JETTED, CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED HD-94-2605



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER HD-98, PERMIT No. HD-94-2992

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES 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

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 #: 410-795-1405
Address: 16321 BARNETT AVE
3945VILLE, 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): ROBERT L. FEEZER License# 2122

*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: NV HOMES Telephone #: 410-721-1703
Subdivision: BRANTWOOD Lot #: 5 Well Tag #: HO 94-2992
Site Address: LOTS 5 ARGENT PATH
MADRIDSVILLE, MD 21104

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: RED JACKET Make: _____ Two piece watertight cap:
Model #: 76311-3316 Model #: BT Screened, vented well cap:
Pump Capacity 9 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 30 (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 arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

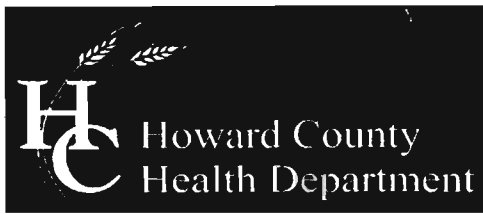
Piping to house House Connection
Type: PDLU PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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: Robert L. Fezer date: 10/9/01

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

Date Insp. Requested: 10/5/01 Date Insp. Approved: 10/5/01 BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



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

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

August 26, 2008

Mr. and Mrs. Bijan Keramati
3125 Argent Path
Ellicott City, MD 21042

RE: 3125 Argent Path

Dear Mr. and Mrs. Keramati:

Testing was performed on August 5, 2008 and samples submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening revealed a **Gross Alpha** of $<1.0 \pm 0.0$ picocuries/liter (pCi/L); while the **Gross Beta** level was 2.0 ± 2.0 pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equal to the **annual dose rate** of 4 millirems/year). At the time of testing and with respect to these parameters, your well water supply is safe for all uses.

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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE, Water Mgmt.
✓ Well & Septic File

Please add 2 pages of Radon Testing
to this file. ↴

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513369-A

A 513199-E

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
451-9933

DATE 4/04/2000

INDEXED

DATE SYSTEM APPROVED 10/05/2001

INSPECTOR _____

03-33181

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road PHONE 410-875-4197

SUBDIVISION Brantwood 2/2 LOT 5 ROAD 3125 Argent Path

PROPERTY OWNER _____ NVHomes

ADDRESS _____

NUMBER OF BEDROOMS: _____

- House is served by a shared community septic system. As part of the general permit for
the community system, items previously installed or under construction include grinder