

C 1 2978

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 514270

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Estate of Daria Roman last name first name STREET OR RFD 1105 Marriottville Rd TOWN Marriottville Md SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand Stone 0-56, Gray Mica Rock 56-285.

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 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft.

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) 58 6 60

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 134 ft. TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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. 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 [-] below LAND SURFACE 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER 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 28.04.04 "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 MSD024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

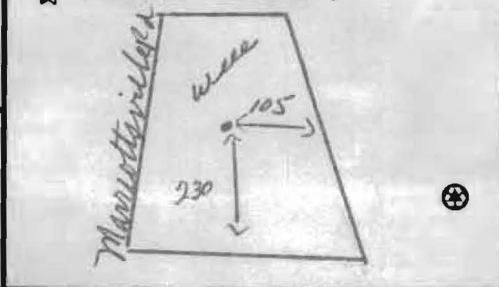
Table with columns: A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51) and slot size.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



C 1	0398	SEQUENCE NO. (MDE USE ONLY)	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER		

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 15 20	Depth of Well 22 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0383 28 29 30 31 32 33 34 35 36 37
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OWNER Davis Lorimer
 STREET OR RFD 1105 Marriottsville Rd TOWN Marriottsville
 SUBDIVISION _____ SECTION _____ LOT _____

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	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
44 44

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
45 46 45 46

NO. OF BAGS _____ NO. OF POUNDS _____
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from _____ ft. to _____ ft.
48 52 54 58
 (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

OTHER CASING (if used)

E A C H C A S I N G	diameter inch	depth (feet) from	to
	_____	_____	_____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL	BR BRASS BRONZE	HO OPEN HOLE
PL PLASTIC	OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED yes no
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. 1 M D _____

DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 _____ D _____

SITE SUPERVISOR (sign. of driller or journeyman)

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10								
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)
58 60
 from _____ to _____

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) _____ _____
8 9

PUMPING RATE (gal. per min.) _____ _____
11 15

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING _____ ft.
17 20

WHEN PUMPING _____ 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 } LAND SURFACE _____ (nearest foot)
49

- below } _____ (nearest foot)
49 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)

MDE USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76 _____

B 1 1017

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 524389

STATE PERMIT NUMBER 70 40-95-0383 79 fill in this form completely

Date Received (APA) 4/3/2006

OWNER INFORMATION

State of - Davis J. Loreman 1105 Marriottsville Rd Marriottsville Md 21104

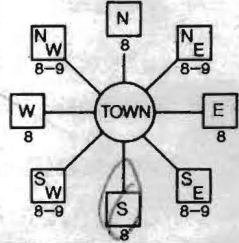
LOCATION OF WELL

Howard COUNTY N/A SECTION 44 LOT 48 NEAREST TOWN Marriottsville MILES FROM TOWN 0

DRILLER INFORMATION

Joseph L. Maynes MSD024 5512 Ridge Rd Mt Airy Md 21771 4/1/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1105 Marriottsville Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 325 37 DISTANCE FROM ROAD 38 39 TAX MAP: 10 BLK: 10 PARCEL 5

WELL INFORMATION

APPROX. PUMPING RATE 4 AVERAGE DAILY QUANTITY NEEDED 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 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME AS14270 COUNTY NO. DATE ISSUED 8/1/06 DATE 8/2/07 NORTH GRID 548 EAST GRID 827

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 THIS WELL WILL DEEPEAN AN EXISTING WELL

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

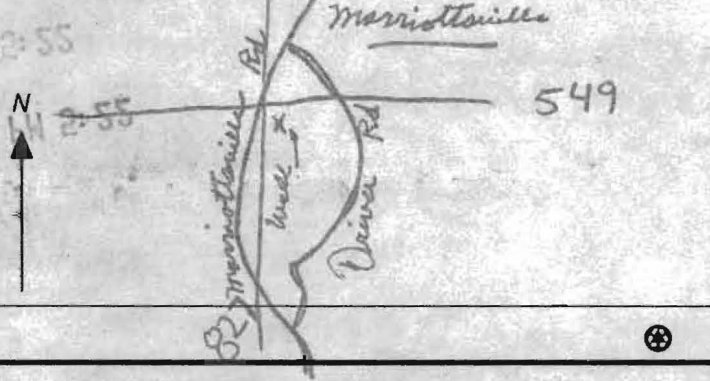
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8277 N 54848

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER G PERMIT No. 40-95-0383

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

CERTIFICATE OF ANALYSIS


**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000

 PERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

Requester:
GYC Group, LTD
611 Nursery Road
P.O. Box 1550
Westminster, Maryland 21158-8765

S/O Number: 65104
Report Date: September 10, 2007

Property Sampled: 1105 Marriottsville Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B06003678

Tax Map #: 10
Parcel #: 5

Date/Time Collected: September 7, 2007 at 10:00 am
Date/Time Received: September 7, 2007 at 2:00 pm

Sample Location: Bathroom Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0383
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	47 NTU	EPA 180.1	10 NTU	High
Iron	3.6 mg/L as Fe		*0.3 mg/L as Fe	***
pH	5.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Note: The high turbidity in this water sample is most likely caused by the elevated iron level.

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

CERTIFICATE OF ANALYSIS

Requester:
GYC Group, LTD
611 Nursery Road
P.O. Box 1550
Westminster, Maryland 21158-8765

S/O Number: 65203
Report Date: September 14, 2007



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 1105 Marriottsville Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B06003678

Tax Map #: 10
Parcel #: 5

Date/Time Collected: September 13, 2007 at 1:31 pm
Date/Time Received: September 13, 2007 at 3:00 pm

Sample Location: Mud Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0383
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Turbidity	9.0 NTU	EPA 180.1	10 NTU	Pass
Iron	1.0 mg/L as Fe		*0.3 mg/L as Fe	***

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing

840-9211

MCL=Maximum Contamination Level
*SMCL=Secondary Maximum Contamination Level
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

CERTIFICATE OF ANALYSIS

Requester:
GYC Group, LTD
611 Nursery Road
P.O. Box 1550
Westminster, Maryland 21158-8765

S/O Number: 65828
Report Date: October 30, 2007



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connect.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



PERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

Property Sampled: 1105 Marriottsville Road, 21104

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B06003678

Tax Map #: 10
Parcel #: 5

Date/Time Collected: October 25, 2007 at 11:30 am
Date/Time Received: October 25, 2007 at 2:30 pm

Sample Location: Kitchen Island Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Tag Buried
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener, Sediment Filter

PARAMETER	RESULT	METHOD	SMCL	
Iron	0.08 mg/L	EPA 200.7	0.3 mg/L	***

Allison Milburn

Allison R. Milburn
Manager-Drinking Water Testing

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 588 Oriented
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): Allen Compton License# MSD009

*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: Gyc Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0383
Site Address: 1105 Marriottsville Rd

Submersible Pump Data

Make: Grundfos
Model #: 1550E 10-220
Pump Capacity: 15 GPM
Well Yield: 7 GPM

Pitless Adapter

Make: Campanel
Model#: N/A
Depth: 3/4 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 285 (feet)
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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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: Allen Compton date: 4/11/07

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

Date Insp. Requested: _____ Date Insp. Approved: 4/11/07 Kwd
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 _____

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 10-17-2007 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) no

* PERMIT NUMBER OF REPLACEMENT WELL 76 - 95 - 0383

* PERSON ABANDONING WELL: Joseph L. Mayne

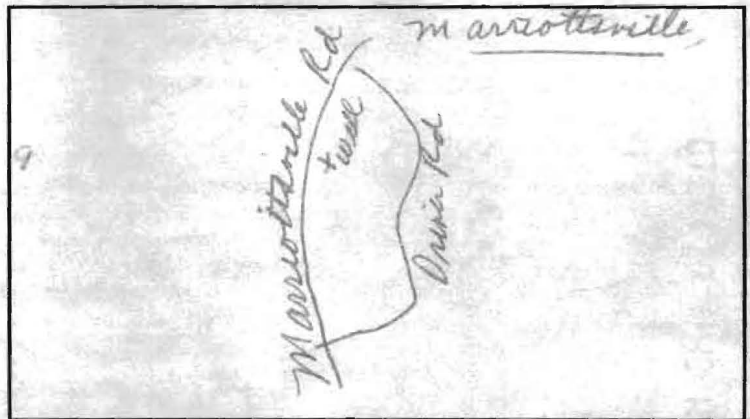
WELL DRILLERS LICENSE NUMBER: MSD024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: OYE Group

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Marrattsville
 TAX MAP 10 BLOCK 510 PARCEL 59
 SUBDIVISION: _____
 SECTION: _____ LOT: 5
 NEAREST ROAD: 1105 Marriottville Rd



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement & gravel mixed</u>	<u>0</u>	<u>80</u>
VOLUME OF MATERIAL USED		

* 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: 80 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE # MSD024 CIRCLE ONE MWD/MSD/MSD DATE 10-18-07



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Van Man on 2-21-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

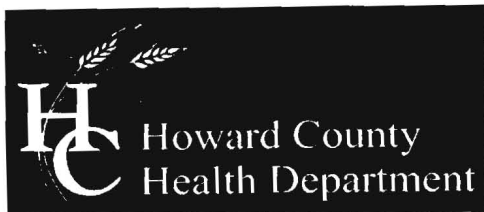
*Estate of Lorimar Davis
1105 Marriottsville Rd*

GFC -

- 410-840-0800

Mark Koski

410-977-3585



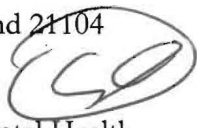
Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 28, 2007

MEMORANDUM

TO: James Overholser
Jennifer MacHamer
1105 Marriottsville Road
Marriottsville, Maryland 21104

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

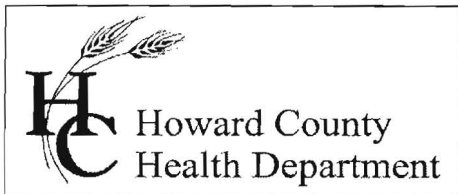
RE: 1105 Marriottsville Road
Marriottsville, Maryland 21104
4.12 Acre
Map 10, Grid 9, Parcel 5

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The new well (HO-95-0383) has already been drilled will be utilized for the replacement house. By accepting this recommendation, the owner agrees with the following conditions set forth by the Health Department:

Before demolition, the well (unknown tag number) that served the current house must be properly abandoned by a licensed well driller. Also, protective devices need to be placed around the new well to prevent any damage. These precautions should remain in place during the demolition and construction phases. The existing drywell has already been properly abandoned. A new septic reserve area has been established.

A new septic permit has been obtained, installation completed and inspected. A well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: GYC Group, Inc., Faxed to 410-840-9211
File



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

October 30, 2007

Occupant
1105 Marriottsville Road
Marriottsville, MD 21104

RE: 1105 Marriottsville Road
Marriottsville, MD 21104
BP #: B06003678
Well Permit # HO-95-0383

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/11/2007.** **Final approval of the well line connection to the dwelling was approved on 04/11/2007.**

TEMPORARY DEVIATION

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria; The water is bacteriologically safe for drinking. The nitrate and sand levels were both acceptable. The turbidity and iron levels are both acceptable after treatment systems were installed. The water sample results were found to be in compliance with COMAR water quality standards.

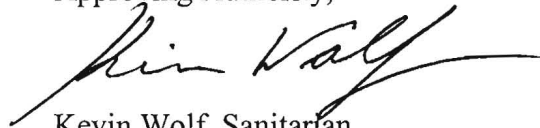
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0383. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

Date of Water Samples: 09/07/2007, 09/13/2007 and 10/25/2007

PENDING RADIUM TESTING FOR GROSS ALPHA AND GROSS BETA

Date of Well Completion: 08/09/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

Kevin Wolf, Sanitarian.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
8/1/06	<p>Trenches for New House to be installed on Northern end of property first to maintain as close to 100' from existing well as possible during construction of new house. prior to Unit and Occupancy permit issuance for the new structure, existing well shall be filled and sealed by a well driller</p>
	<p>IMPORTANT</p>
	<p>BUILDING PERMIT</p>
	<p>CAC</p>
	<p>CONDITIONS</p>
	<p>May want to have builder delay house connection of septic until near U&O</p>