

C1 34101

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Land Design + Development, WELL SITE ADDRESS, TOWN Highland, SUBDIVISION JACKS LANDING, SECTION, LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for SOIL, Brown shale, TAN ROCK, Brown shale, Med GRAY ROCK, and Well #1 - 400' Dry (backfilled).

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections. Includes checkboxes for grouting, material types (CEMENT, BENTONITE CLAY), casing types (STEEL, CONCRETE, PLASTIC, OTHER), and screen types (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

PUMPING TEST section. Includes fields for HOURS PUMPED (6), PUMPING RATE (1.3), MEASURE PUMPING RATE (Submersible), WATER LEVEL (64 ft. before, 200 ft. when pumping), and TYPE OF PUMP USED (Submersible).

WELL HYDROFRACTURED section with checkboxes for YES and NO.

- CIRCLE APPROPRIATE LETTER: A (Well abandoned), E (Electric log), P (Test well converted to production).

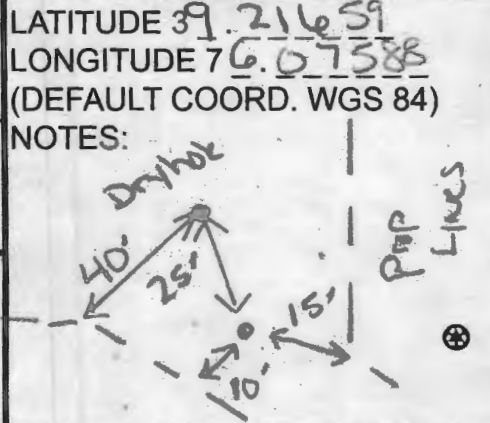
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MWD 355, DRILLERS SIGNATURE, LIC. NO. MS 0606, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) section with a grid for recording casing depth and screen depth.

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

PUMP INSTALLED section. Includes fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above/below land surface).



B 1 28746

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 554595 B please type

STATE PERMIT NUMBER Ho-14-011 fill in this form completely

Date Received (APA) 08 22 14

OWNER INFORMATION

LAND DESIGN & DEVELOPMENT 5300 DORSEY HALL DRIVE, SUITE 102 ELICOTT CITY MD 21043

LOCATION OF WELL

HOWARD COUNTY JACK'S LANDING SUBDIVISION SECTION 44 LOT 3 HIGHLAND NEAREST TOWN

DRILLER INFORMATION

MICHAEL BARLOW MW D 355 BARLOW WELL DRILLING 522 UNDERWOOD LANE 21014 MD 8/18/14

SOURCES OF DRILLING WATER

1. WELL 2. 271 3. 11-14-11

TRIADELPHIA MILL RD STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 500 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 34 BLK: PARCEL 414

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 51-5521 APPROX. PUMPING RATE (GAL. PER MIN.) 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. A 517923 STATE SIGNATURE DATE ISSUED 10/7/14 CO SIGNATURE EXP. DATE

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 O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

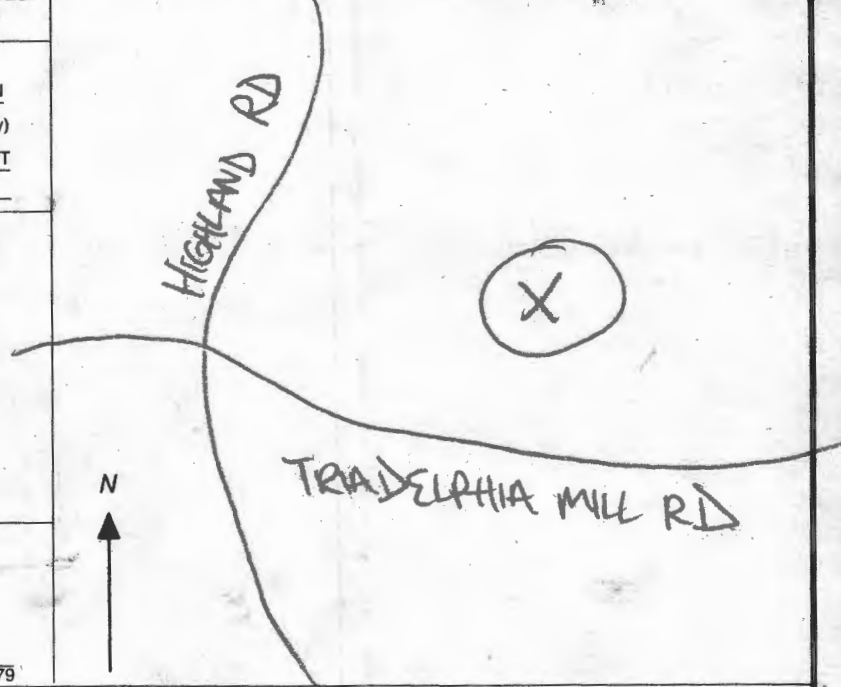
METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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 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)

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



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

APPROP. PERMIT NUMBER G

PERMIT No. Ho-14-011

SPECIAL CONDITIONS

VOC testing required @ yield



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:	February 6, 2015		
Well Depth:	350	feet	
Customer	Land Design & Development	Permit #	HO-14-0111
Road	Triadelphia Mill Rd	Subdivision	Jacks Landing
City	Highland	Section	
State	Maryland	Lot #	3

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	64	3	20.00
9:45 AM	155	4	15.00
10:00 AM	195	30	2.00
10:15 AM	200	46	1.30
10:30 AM	200	46	1.30
10:45 AM	200	46	1.30
11:00 AM	200	46	1.30
11:15 AM	200	46	1.30
11:30 AM	200	46	1.30
11:45 AM	200	46	1.30
12:00 PM	200	46	1.30
12:15 PM	200	46	1.30
12:30 PM	200	46	1.30
12:45 PM	200	46	1.30
1:00 PM	200	46	1.30
1:15 PM	200	46	1.30
1:30 PM	200	46	1.30
1:45 PM	200	46	1.30
2:00 PM	200	46	1.30
2:15 PM	200	46	1.30
2:30 PM	200	46	1.30
2:45 PM	200	46	1.30
3:00 PM	200	46	1.30
3:15 PM	200	46	1.30
3:30 PM	200	46	1.30
3:45 PM	200	46	1.30
4:00 PM	200	46	1.30
4:15 PM	200	46	1.30
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.			

**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: ALLIED Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: JACKS LANDING Lot #: 3 Well Tag #: HO-14-0111
Site Address: 5529 JACKS LANDING

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

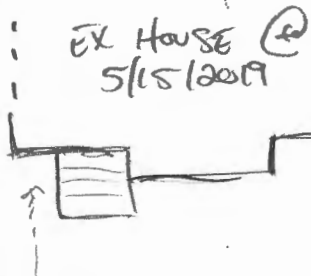
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 05/15/2019 Date Insp. Approved: 5/15/19 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 36" 05/15/2019
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 32" 05/15/2019
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 30" 05/15/2019
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



W.C UNDER FOOTER

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

INTERIM CERTIFICATE OF POTABILITY
[PERMANENT DEVIATION FOR NITRATES]

Expiration Date – MARCH 16, 2020

September 16, 2019

Homeowner
5529 Jacks Landing Way
Clarksville, MD 21029

RE: Jacks Landing, Lot 3
5529 Jacks Landing Way
Building Permit: B18004116
Well Permit: HO-14-0111

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 **9/16/2019**. Final approval of the well line connection to the dwelling was granted on **5/15/2019**. The well construction was completed on **10/26/2015**. Water samples were collected on **8/20/2019, 9/9/2019**.

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.

The untreated water sample collected on **8/20/2019** indicated a nitrate level of **14.2 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/9/2019** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

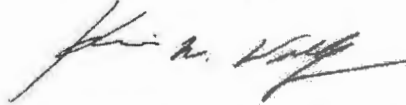
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0111. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland 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](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

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

HOME LAND

L A B S

"Healthy Homes Start Here"
State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 8/23/2019

Client: Well Water Solutions, Inc.

Property Address: 5529 Jacks Landing Way
Clarksville, MD 21029

Report No: 175362

Date & Time Sampled: 08/20/2019 3:45 pm

Date & Time Received: 08/21/2019 11:33 am

Sampled By: John Moseman 0130JM (Exp. 3/14/2022)

Preservation: Ice

Sample Point(s): Well/Kitchen sink

Water Conditioning Appears to be: None

Chlorine Residual: 0.0

Field pH: 6.2

Well Type: Drilled

Well Height: 2'

Cap Type: 1-piece

Casing: PVC

Conduit: PVC

Clarity: Clear

Sand: None Observed

Well Tag Number: HO-14-0111

Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colitag Test	Absent	Pass	Per/100ml	Present	1	AND-353	08/22/2019
Bacteria-E.coli	Colitag Test	Absent	Pass	Per/100ml	Present	1	AND-353	08/22/2019
Nitrate + Nitrite as N	EPA 353.2	14.2	Fail	mg/l	10	0.5	MAK-353	08/21/2019

Secondary Contaminants

Parameter	Method	Result	Acceptable /High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	Not Detected	Acceptable	NTU	10	0.5	AND-353	08/21/2019

Approved By

Kevin Barnaba

Kevin Barnaba, Lab Director

** Will need
Nitrate Agreement
Post-treated tests.*



HOME LAND ENVIRONMENTAL HEALTH LABS



175362 Date Due: 8/23/20

443-505-837 Client: Well Water Solutions, Inc.
 9106 Philade. Project: _____
 Rosedale MD 21237
 www.homelandhealthyhomes.com
 lab@homelandhealthyhomes.com

Chain Of Custody Form

Client Name WWS

Site Address: 5529 JAMES LANDING WAY

Address _____

CLARKSVILLE MD 21029

Phone _____

Email _____

Field Collection Information

Collector's Name:	<u>JOHN MOSEMAN</u>
Sampler's ID #:	<u>0130/JEM 3/22</u>
Collected Date and Time:	<u>8/20 3:45 PM</u>
Well Tag Number:	<u>HO-14-0111</u>

Field pH:	<u>6.2</u>
Field Chlorine:	<u>—</u>
Sand:	<u>ABSENT</u>
Clear At Time of Sample?	<u>YES</u>
Was Well Chlorinated?	<u>NO</u>

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
<u>2 FT</u>	<u>1 Piece</u>	<u>PVC</u>	<u>PVC</u>

Requested Testing: (Please Circle All That Apply)

FHA/VA (Potability + Nitrites, Lead and Iron)	<u>(Potability (Bacteria, Nitrates, pH, Turbidity) X)</u>
-----------------------------------------------	-----------------------------------------------------------

Arsenic	Bacteria	Cadmium	Chlorides	Gross Alpha	Iron
Lead	MTBE	Nitrates	Nitrites	Pesticides	Radium 226/228
Total Hardness	VOC's	Other:	Other:	Other:	Other:

Source:	Water Conditioning:
<u>Well - KITCHEN</u>	<u>NONE</u>

Release Signatures

Released By: [Signature] Date/Time: 8/20 3:45 PM
 Released By: [Signature] Date/Time: 8/21 6:00 AM
 Released By: [Signature] Date/Time: 8/21 11:30 am
 Received in lab by: [Signature] Date/Time: 8/21 11:33 am

HOME LAND

L A B S

"Healthy Homes Start Here"
State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 9/11/2019

Client: Well Water Solutions, Inc.

Property Address: 5529 Jacks Landing Way
Clarksville, MD 21029

Report No: 176114

Date & Time Sampled: 09/09/2019 3:00 pm

Date & Time Received: 09/10/2019 2:00 pm

Sampled By: John Moseman 0130JM (Exp. 3/14/2022)

Preservation: Ice

Sample Point(s): Bacteria-Pressure tank, Nitrate+Nitrite-Kitchen sink whole house R/O & Kitchen sink POU R/O

Water Conditioning Appears to be: Kitchen Point of Use Reverse Osmosis System, Whole House Reverse Osmosis System

Chlorine Residual: 0.0

Field pH: 5.7

Well Type: Not noted

Well Height: Not noted

Cap Type: Not noted

Casing: Not noted

Conduit: Not noted

Clarity: Clear

Sand: None Observed -

Well Tag Number: HO-14-0111 ✓

Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	09/11/2019
Bacteria-E.coli	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	09/11/2019
Nitrate + Nitrite as N (Kitchen sink)	EPA 353.2	0.5	Pass	mg/l	10	0.5	MAK-353	09/10/2019
Nitrate + Nitrite as N (R/O Faucet)	EPA 353.2	1.4 ✓	Pass	mg/l	10	0.5	MAK-353	09/10/2019

Approved By

Kevin Barnaba

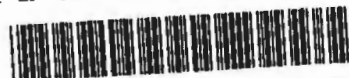
Kevin Barnaba, Lab Director

**** RUSH ****



HOME LAND ENVIRONMENTAL HEALTH LABS

443-505-8
9106 Phil
Rosedale
www.horn
lab@home



176114 Date Due: 9/12/20
Client: Well Water Solutions, Inc.
Project:

Chain Of Custody Form

Client Name Well Water Solutions, Inc.

Site Address:
Lot 3 -

Address 5163 Darling Bird Lane, Columbia, MD 21044

5529 Jacks Landing Way

Phone 410-935-7185 &/or 301-674-3137

Clarksville, MD 21029

Email jbieber@wellwatersolutions.net &
jemoseman@wellwatersolutions.net

Field Collection Information

Collector's Name:	John Moseman
Sampler's ID #:	0130JEM
Collected Date and	9/9/19 @ 3:00pm
Well Tag Number:	HO-14-0111

Field pH:	5.7
Field Chlorine:	None
Sand:	None
Clear At Time of Sample?	Yes
Was Well Chlorinated?	No

Well Casing and Cap Condition BP# 18004116

Height Above Grade:	Cap Type:	Casing:	Conduit:
---------------------	-----------	---------	----------

Requested Testing: (Please Circle All That Apply)

<input type="checkbox"/> FHA/VA (Potability +Nitrites, Lead and Iron)	<input type="checkbox"/> Potability (Bacteria, Nitrates, pH, Turbidity)
-----------------------------------------------------------------------	-------------------------------------------------------------------------

Arsenic	<input checked="" type="checkbox"/> Bacteria	Cadmium	Chlorides	Gross Alpha	Iron
Lead	MTBE	<input checked="" type="checkbox"/> Nitrates #1	Nitrites	Pesticides	Radium 226/228
Total Hardness	VOC's	Other:	<input checked="" type="checkbox"/> Other: Nitrate #2 R/O	Other:	Other:

SOURCE: (1)Bacteria collected RAW from the Pressure Tank (2)Nitrate #1collected from the Kitchen sink after the whole house Nitrate Reduction system (3)Nitrate #2 collected from the kitchen POU- Point of Use R/O Reverse Osmosis which is after the whole house Nitrate Reduction system and POU R/O	Water Conditioning: (1) Kitchen POU Reverse Osmosis (2) Whole House Nitrate reduction system
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

Release Signatures

Released By: [Signature]
John Moseman

Date/Time: 9/9/19 @5:00pm

Released By: [Signature]

Date/Time: 9/10 8:00

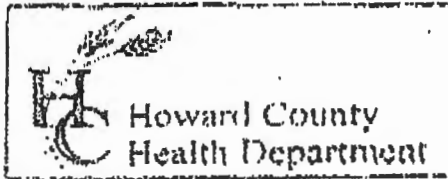
Released By: [Signature]

Date/Time: 9/10/19 14:00

Received in lab by: [Signature]

Date/Time: 9/10 2:00pm

**** RUSH ****



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

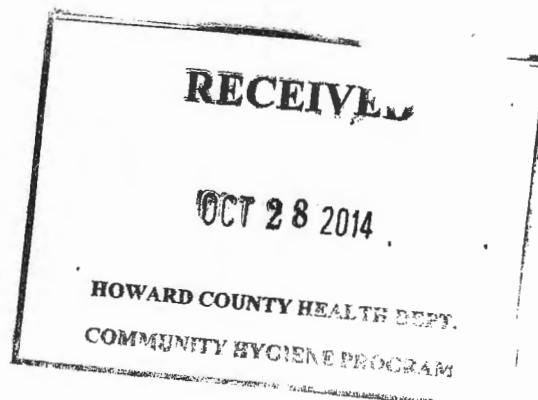
TO ALL INTERESTED PARTIES

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

- JACKS LANDING Lots 1-8 + Parcel A
- The well site has been staked by Robert Vogel Engineering,
 (professional land surveyor or company employing professional land surveyors)
 on 10/29/2014 (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



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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Lyondora Azzi Benjamin ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 5529 Jacks Landing Way, Clarksville MD 21029 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 # 18184/00154 and Tax Account # 05-599484 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-14-0111 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.


WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

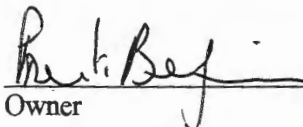
NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department 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 their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

	9/12/2019		
Owner	Date	Buyer	Date

	9/12/2019		
Owner	Date	Buyer	Date

	9/16/19
Howard County Health Department	Date

Wolf, Kevin

From: Lyb <lybenjamin@yahoo.com>
Sent: Monday, September 16, 2019 3:35 PM
To: Wolf, Kevin
Subject: Benjamin 5529 jacks landing way, clarksville Md 21029

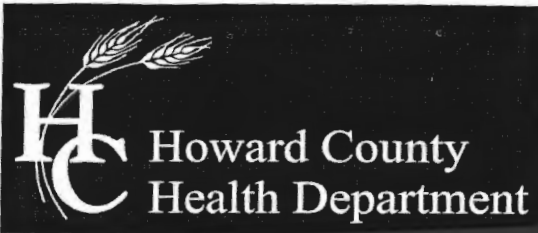
[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Kevin,

Here is the receipt from land record.



Sent from my iPhone



Bureau of Environmental Health

8930 Stanford Blvd, 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

MEMORANDUM

TO: Barlow Well Drilling
Attn: Mike Isom

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

DATE: August 28, 2015

RE: **Jacks Landing Well Permits Lots 1 & 3**

This memo is to inform the driller and the developer that the revised site plans for Lots 1 and 3 at Jack's Landing have been approved based on the following comments mentioned below. In order to proceed with drilling the new wells on the original permits approved 10/17/2014 respectively, you must:

1. Remove the existing well tags from the existing wells drilled previously 1/29/2015 & 2/6/2015 (Lot 1 = HO-14-0109, Lot 3 = HO-14-0111).
2. Abandon and seal the existing wells once the tags have been removed.
3. Re-attach the same allotted well tags to the corresponding well for that lot when the well is completed.
4. Sample each new well for VOC's, TDS, Sodium, and Chlorides.

If an unsuccessful well(s) is rendered, you must notify our office before selecting a new location to drill.

If you have any questions regarding this memorandum, please feel free to contact me at 410-313-2645 or email kwolf@howardcountymd.gov

KMW

Cc Ron Green (Land Design and Development)

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 09/24/2015
Report Number: 150924094827

LAB#- E041411-01 SAMPLE ID- Lot 3 WELL #
LOCATION- SAMPLER- M Isom #8862MI
DATE SAMPLED- 09/10/2015 TIME SAMPLED- 15:00 Residual Chlorine-
DATE RECEIVED- 09/11/2015 TIME RECEIVED- 08:35
DELIVERED BY- M Dixon RECEIVED BY- Stephen Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Total Metals EPA 200.7 by Enviro-Chem					
*! Sodium	EPA 200.7	09/14/15 14:18	CHK	11.3 mg/L	
Wet Chemistry by Enviro-Chem					
\$ Chloride	EPA 300.0	09/11/15 11:41	EJF	17.0 mg/L	
\$ Dissolved Solids	SM 2540C	09/13/15 14:30	SES	182 mg/L	

Stephen Shelley
Laboratory Director

Certifications

- State of Maryland Certification #192
* - NELAP Certification 68-04873
! - VELAP Certification 460255
\$ - Not a certified Analyte

Analytical Results

Project: Jacks Landing

Project Number: E041411
Project Manager: Stephen Shelley

Reported:
09/17/15 14:14

E041411-01 (Lot 3)

5091112-01 (Water)
Sample Date: 09/10/15

Analyte	Result	Units	Reporting			Analyzed	Analyst	Notes
			Limit	Dilution	Prepared			
VOLATILE ORGANICS BY EPA METHOD 524.2 (GC/MS)								
tert-Amyl alcohol (TAA)	ND	ug/L	10.0	1	09/16/15	09/16/15 10:46	WB	
tert-Amyl methyl ether (TAME)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Benzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Bromobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Bromochloromethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Bromodichloromethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Bromoform	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Bromomethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
tert-Butanol (TBA)	ND	ug/L	10.0	1	09/16/15	09/16/15 10:46	WB	
n-Butylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
sec-Butylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
tert-Butylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Carbon tetrachloride	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Chlorobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Chloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Chloroform	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Chloromethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
2-Chlorotoluene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
4-Chlorotoluene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Dibromochloromethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2-Dibromo-3-chloropropane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2-Dibromoethane (EDB)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Dibromomethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2-Dichlorobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,3-Dichlorobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,4-Dichlorobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Dichlorodifluoromethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,1-Dichloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2-Dichloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,1-Dichloroethene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
cis-1,2-Dichloroethene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
trans-1,2-Dichloroethene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2-Dichloropropane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,3-Dichloropropane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
2,2-Dichloropropane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Will Brewington, Staff Chemist

Analytical Results

Project: Jacks Landing

Project Number: E041411

Project Manager: Stephen Shelley

Reported:

09/17/15 14:14

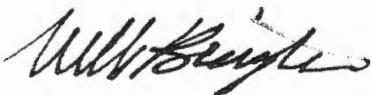
E041411-01 (Lot 3)

5091112-01 (Water)

Sample Date: 09/10/15

Analyte	Result	Units	Reporting Limit	Dilution	Prepared	Analyzed	Analyst	Notes
VOLATILE ORGANICS BY EPA METHOD 524.2 (GC/MS) (continued)								
1,1-Dichloropropene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
cis-1,3-Dichloropropene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
trans-1,3-Dichloropropene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Diisopropyl ether (DIPE)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Ethyl tert-butyl ether (ETBE)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Ethylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Hexachlorobutadiene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Isopropylbenzene (Cumene)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
4-Isopropyltoluene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Methyl tert-butyl ether (MTBE)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Methylene chloride	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Naphthalene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
n-Propylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Styrene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,1,1,2-Tetrachloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,1,2,2-Tetrachloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Tetrachloroethene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Toluene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,1,1-Trichloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,1,2-Trichloroethane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Trichloroethene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Trichlorofluoromethane (Freon 11)	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2,3-Trichloropropane	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,2,4-Trimethylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
1,3,5-Trimethylbenzene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Vinyl chloride	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
o-Xylene	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
m- & p-Xylenes	ND	ug/L	0.50	1	09/16/15	09/16/15 10:46	WB	
Surrogate: 4-Bromofluorobenzene		80-120	85 %		09/16/15	09/16/15 10:46		
Surrogate: 1,2-Dichlorobenzene-d4		80-120	86 %		09/16/15	09/16/15 10:46		

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Will Brewington, Staff Chemist

Analytical Results

1500 Caton Center Dr Suite G
Baltimore MD 21227
410-247-7600
www.mdspectral.com

Project: Jacks Landing

Project Number: E041411
Project Manager: Stephen Shelley

Reported:
09/17/15 14:14

Notes and Definitions

DET Analyte DETECTED
ND Analyte NOT DETECTED at or above the reporting limit
NR Not Reported
dry Sample results reported on a dry weight basis
RPD Relative Percent Difference

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 06/01/2015
Report Number: 150601105515

LAB#- E039578-02 SAMPLE ID- Lot 3 WELL # HO 14-0111
LOCATION- SAMPLER- M Dixon
DATE SAMPLED- 05/21/2015 TIME SAMPLED- 12:30 Residual Chlorine-
DATE RECEIVED- 05/21/2015 TIME RECEIVED- 14:28
DELIVERED BY- M Dixon RECEIVED BY- Stephen Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Metals by Enviro-Chem					
*! Sodium	EPA 200.7	05/29/15 09:29	CHK	154	mg/L
Wet Chemistry by Enviro-Chem					
\$ Chloride	EPA 300.0	05/22/15 15:18	EJF	901	mg/L
\$ Dissolved Solids	SM 2540C	05/22/15 13:10	SES	2760	mg/L

Analytical Results

Project: Jacks Landing

Project Number: E038333
Project Manager: Stephen Shelley

Reported:
02/12/15 10:55

E038333-01 (Lot 3 HO 14-0111)

5020611-01 (Water)
Sample Date: 02/06/15

Analyte	Result	Units	Reporting		Prepared	Analyzed	Analyst	Notes
			Limit	Dilution				
VOLATILE ORGANICS BY EPA METHOD 524.2 (GC/MS)								
tert-Amyl alcohol (TAA)	ND	ug/L	10.0	1	02/06/15	02/06/15 17:23	WB	
tert-Amyl methyl ether (TAME)	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Benzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Bromobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Bromochloromethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Bromodichloromethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Bromoform	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Bromomethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
tert-Butanol (TBA)	ND	ug/L	10.0	1	02/06/15	02/06/15 17:23	WB	
n-Butylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
sec-Butylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
tert-Butylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Carbon tetrachloride	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Chlorobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Chloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Chloroform	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Chloromethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
2-Chlorotoluene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
4-Chlorotoluene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Dibromochloromethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2-Dibromo-3-chloropropane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2-Dibromoethane (EDB)	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Dibromomethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2-Dichlorobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,3-Dichlorobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,4-Dichlorobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Dichlorodifluoromethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,1-Dichloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2-Dichloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,1-Dichloroethene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
cis-1,2-Dichloroethene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
trans-1,2-Dichloroethene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2-Dichloropropane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,3-Dichloropropane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
2,2-Dichloropropane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Will Brewington, Staff Chemist

Analytical Results

Project: Jacks Landing

Project Number: E038333

Project Manager: Stephen Shelley

Reported:

02/12/15 10:55

E038333-01 (Lot 3 HO 14-0111)

5020611-01 (Water)
Sample Date: 02/06/15

Analyte	Result	Units	Reporting Limit	Dilution	Prepared	Analyzed	Analyst	Notes
VOLATILE ORGANICS BY EPA METHOD 524.2 (GC/MS) (continued)								
1,1-Dichloropropene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
cis-1,3-Dichloropropene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
trans-1,3-Dichloropropene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Diisopropyl ether (DIPE)	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Ethyl tert-butyl ether (ETBE)	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Ethylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Hexachlorobutadiene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Isopropylbenzene (Cumene)	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
4-Isopropyltoluene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Methyl tert-butyl ether (MTBE)	4.34	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Methylene chloride	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Naphthalene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
n-Propylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Styrene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,1,1,2-Tetrachloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,1,2,2-Tetrachloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Tetrachloroethene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Toluene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,1,1-Trichloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,1,2-Trichloroethane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Trichloroethene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Trichlorofluoromethane (Freon 11)	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2,3-Trichloropropane	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,2,4-Trimethylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
1,3,5-Trimethylbenzene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Vinyl chloride	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
o-Xylene	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
m- & p-Xylenes	ND	ug/L	0.50	1	02/06/15	02/06/15 17:23	WB	
Surrogate 4-Bromofluorobenzene		80-120	86 %		02/06/15	02/06/15 17:23		
Surrogate 1,2-Dichlorobenzene-d4		80-120	109 %		02/06/15	02/06/15 17:23		

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Will Brewington, Staff Chemist



Analytical Results

Project: Jacks Landing

Project Number: E038333
Project Manager: Stephen Shelley

Reported:
02/12/15 10:55

Notes and Definitions

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

MEMORANDUM

TO: Michael Barlow, MWD 355
Barlow Well Drilling

FROM: Ryan Rappaport, LEHS 
Well & Septic Program

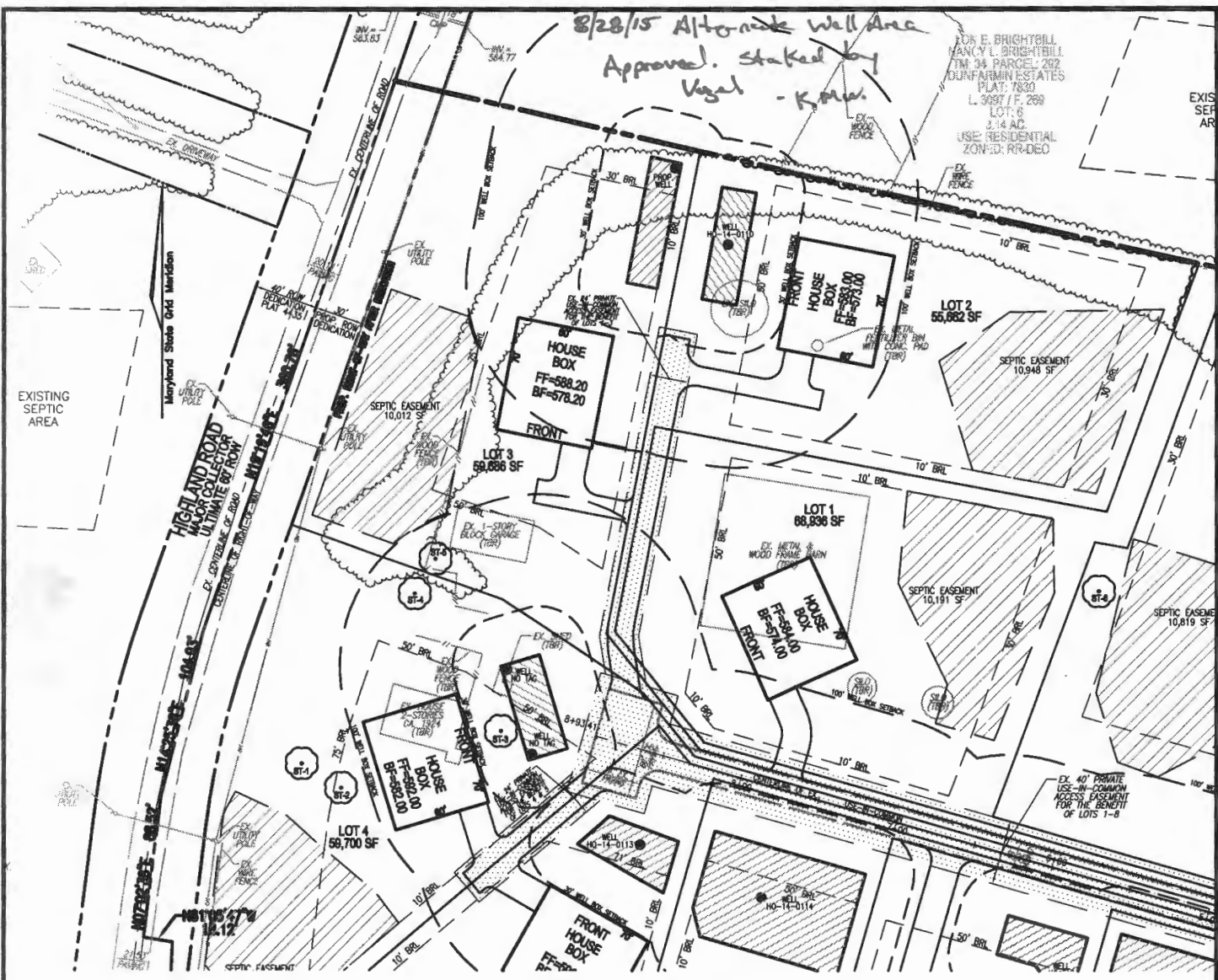
RE: VOC Testing required of all wells at Jack's Landing Lots 1-8 & Parcel A

DATE: October 20, 2014

As per the approved and signed Percolation Certification Plan dated February 6, 2014, general note #13: VOC Testing will be required on all wells prior to health signature of final plat. See special condition on each well permit for specific requirements.

8/28/15 Alternate Well Area
 Approval. stated by
 Vogel - K. R. M.

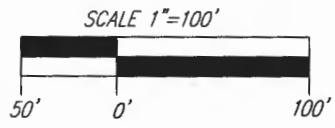
0.5 E. BRIGHTBILL
 FANCY L. BRIGHTBILL
 TAX MAP 34 PARCEL 202
 DUNFARM ESTATES
 PLAT 7830
 L. 3857 F. 299
 LOT 6
 3.14 AC
 USE: RESIDENTIAL
 ZONED: RR-DEC



LOT 3 - WELL EXHIBIT
 SCALE: 1"=100'

LEGEND:

- | | | | |
|--|----------------------------|--|----------------------------------------------|
| | PROPERTY LINE | | PROPOSED TREELINE |
| | EXISTING RIGHT-OF-WAY LINE | | PROPOSED USE-IN-COMMON ACCESS EASEMENT PLAT: |
| | PROPOSED RIGHT-OF-WAY LINE | | PROPOSED SEPTIC EASEMENT |
| | ADJACENT PROPERTY LINE | | PROPOSED WELL BOX |
| | EXISTING CURB AND GUTTER | | EXISTING UTILITY POLE |
| | EXISTING EDGE OF PAVING | | PROPOSED STORMDRAIN |
| | EXISTING TREELINE | | PROPOSED WELL LOCATION |
| | EXISTING TREES | | |
| | EXISTING WOOD FENCE | | |
| | EXISTING METAL FENCE | | |



ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS - SURVEYORS - PLANNERS
 3407 MAIN STREET SUITE 2104B TEL: 410-461-7666
 ELICOTT CITY, MD 21043 FAX: 410-461-8951

SCALE: 1"=100'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: AUGUST, 2015
 W. O. #: 13-31
 SHEET #: 1 OF 1

**WELL EXHIBIT - LOT 3
 JACK'S LANDING**
**LOTS 1-8, BUILDABLE PRESERVATION PARCEL "A"
 AND NON-BUILDABLE PARCEL "B"**
 A SUBDIVISION OF TAX MAP 34
 PARCEL 414 (L. 3172 / F. 336)

TAX MAP: 34 GRID: 03
 5TH ELECTION DISTRICT

PARCEL: 414
 ZONED: RR-DEO
 HOWARD COUNTY, MARYLAND

PROJECT: 13-31 ENGR/GRADING PLAN WELL EXHIBIT LOT 3 08/19/15 4:56:52 PM