

C1 6521

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 A517420

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 09 22 05

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-4189

OWNER Gordon B. Brown last name Running Fence Ln first name TOWN Clarksville SUBDIVISION Walnut Grove SECTION 28/13/178 LOT 47

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Sand Stone, White mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD MAIN CASING TYPE (PL) Nominal diameter (6) Total depth of main casing (38)

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 MSD 112 DRILLERS SIGNATURE LIC. NO. 1 D

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

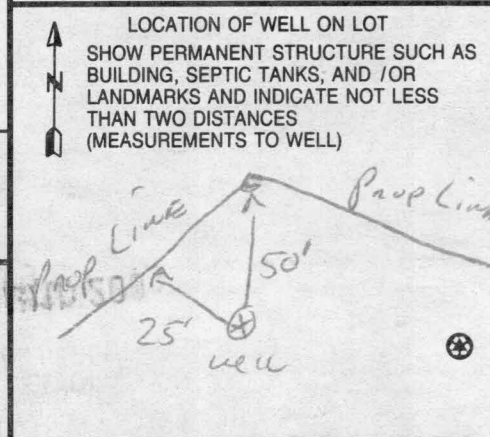
DEPTH (nearest ft.) table with columns 1-31 and rows A-C for casing sections

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

PUMPING TEST HOURS PUMPED (2) PUMPING RATE (10) METHOD USED TO MEASURE PUMPING RATE (Bucket) WATER LEVEL (28) BEFORE PUMPING WHEN PUMPING (220) TYPE OF PUMP USED (A) air

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (31) PUMP HORSE POWER (37) PUMP COLUMN LENGTH (43) CASING HEIGHT (2) LAND SURFACE



STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

SEQUENCE NO. (MDE USE ONLY) **8983**

STATE PERMIT NUMBER **HD - 94 - 4189**  
fill in this form completely

**522054**

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
**GOODIER Builders Inc**  
15 Last Name Owner First Name 34  
**10205 CHANTER DR.**  
36 Street or RFD 55  
**Columbia MD 21044**  
57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

8 COUNTY **Howard** 21  
23 SUBDIVISION **Walnut Grove** 42  
SECTION **47** LOT **47**  
44 46 48 50  
**CLARKSVILLE**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** M I  
73 76 77 78

**DRILLER INFORMATION**

**Ralph E. Mayne MS D112**  
Driller's Name 76 License No. 81  
**Ralph E. Mayne Inc**  
Firm Name  
**17024 Hardy Rd Mt Airy MD 21771**  
Address  
**Ralph E. Mayne 3-26-05**  
Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Running fence LA**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST **32** EAST  
SOUTH  
34 100 37  
DISTANCE FROM ROAD **A**  
ENTER FT OR MI 38 39  
TAX MAP: **28** BLK: **18** PARCEL **74**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
8 500 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)  
22  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** COUNTY NAME  
**AS17420** COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
DATE ISSUED **4/25/06** EXP. DATE **4/25/06**  
43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_  
NORTH GRID **507** 0 0 0 EAST GRID **816** 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
24 28  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

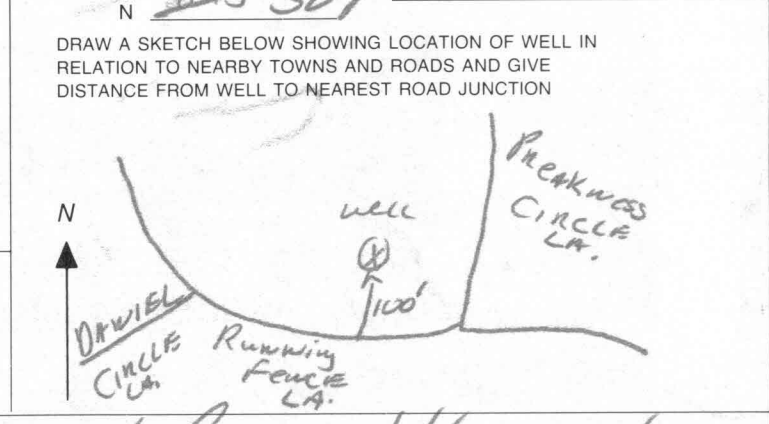
E **518 816**  
N **815 507**  
000  
000

**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 DEEPMEN 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)**

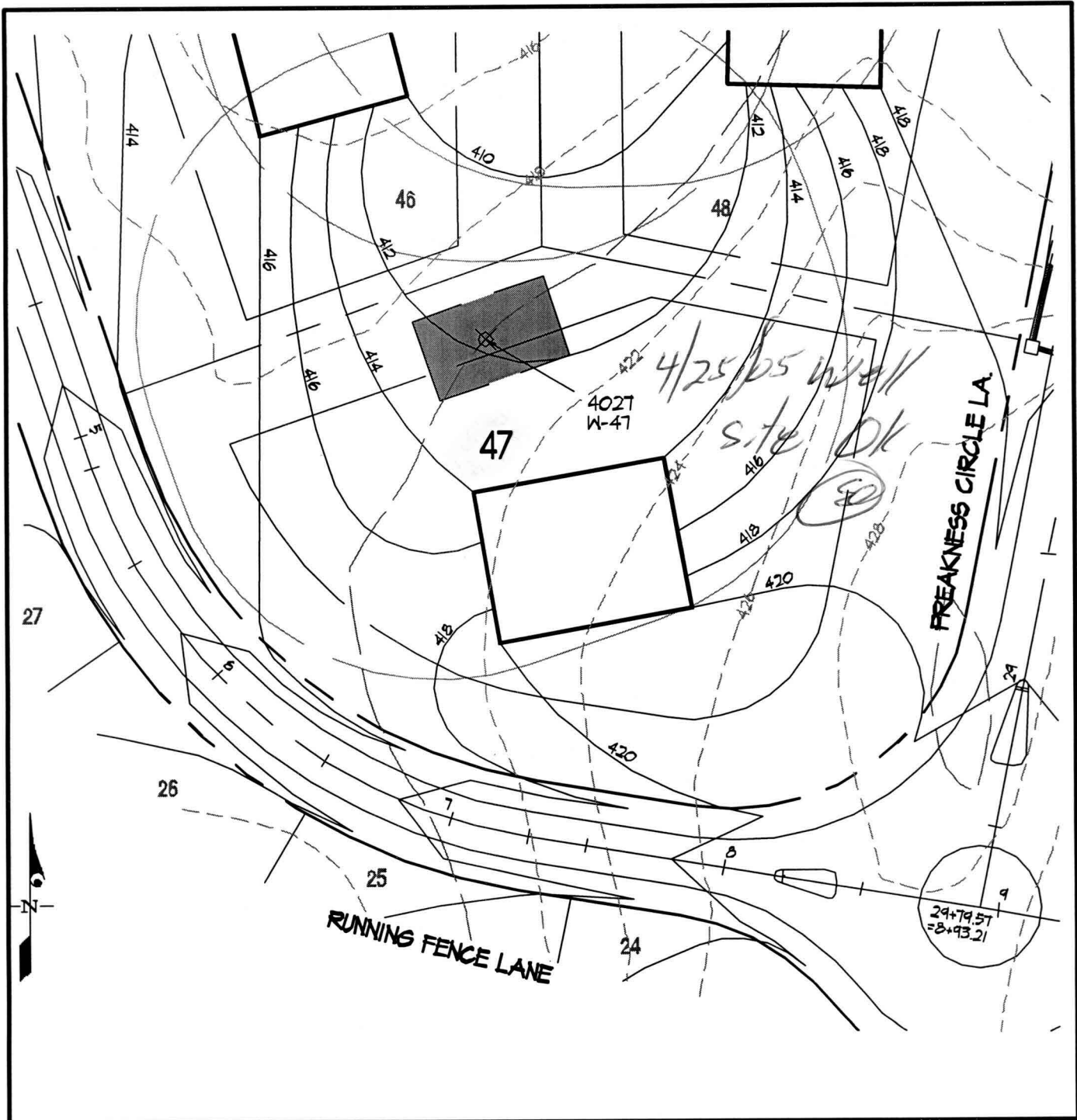
APPROX. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
PERMIT No. **HD - 94 - 4189**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

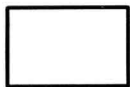
**well to be converted to potable supply**

**6 AD will be needed**





**LEGEND**



CONCEPTUAL HOUSE BOX

4022  
W-05



WELL SURVEY POINT

WELL BOX

**WELL LOCATION EXHIBIT - LOT 47**

**WALNUT GROVE**

Lots 1 thru 88, and Preservation Parcels "A" thru "G"  
and Non-Buildable Bulk Parcel "H"

**GLWGUTSCHICK LITTLE & WEBER, P.A.**

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS  
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK  
BURTONSVILLE, MARYLAND 20866  
TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

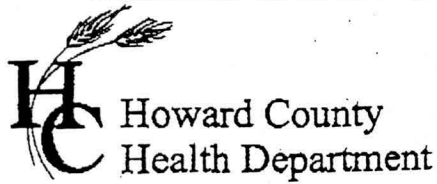
ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

APR., 2005

1 OF 1



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 Gutschick, Little & Weber on 3/16/05 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

**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., Inc. 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): Robert L. Feezer License# 2122

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Walnut Grove Lot #: 47 Well Tag #: HO - 94 - 4189  
Site Address: 12360 Running fence Lane  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Sta-Rite  
Model #: S10P4HS07221  
Pump Capacity 10 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Campbell  
Model#: PT800  
Depth: 42" (36" min)  
NSF/WSC 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

Depth of well encountered at time of pump installation: 220 (feet) Conduit secured to well cap: Yes

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 N/A**

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve 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.**

Robert L. Feezer Digital signed by Robert L. Feezer  
CN=Robert L. Feezer, OU=Howard County Health Department, C=US  
Date: 2011.12.02 14:22:24 -0500 December 2, 2011  
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 \_\_\_\_\_

**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 47 Well Tag #: HO - 95 - 4189 ✓  
Site Address: 12360 Parkview Ct. Ga.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 12/1/11 Date Insp. Approved: 12/12/11 (KW)  
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 ✓



Howard County  
Health Department

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

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – August 6, 2012

February 6, 2012

Homeowner  
12360 Preakness Circle Lane  
Clarksville, MD 21029

**RE: Walnut Grove, Lot 47**  
**12360 Preakness Circle Lane**  
**Building Permit: B11002322**  
**Well Permit: HO-94-4189**

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 **2/1/2012**. Final approval of the well line connection to the dwelling was granted on **12/12/2011**. The well construction was completed on **9/22/2005**. Water samples were collected on **1/12/2012 and on 1/23/2012**.

Gross Alpha and Beta samples were also collected on **3/27/2007**. Results showed a Gross Alpha level of **8.4 ± 1.7 pCi/L** and **Gross Beta** level of **8.9 ± 1.3 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.

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 **1/12/2012** indicated a nitrate level of **13.8 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 **1/23/2012** 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 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-94-4189. 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>

Approving Authority,



Robert Bricker, REHS/R.S.  
Environmental Sanitarian  
Well & Septic Program

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



TRACE LABORATORIES, INC  
5 North Park Drive  
Hunt Valley, MD 21030 USA  
Telephone: 410/584-9099 / Fax: 410/584-9117  
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 84008

Robert L. Feezer Company  
6321 Barnett Avenue  
Sykesville, Maryland 21784

Report Date: January 25, 2012

*Nitrate Retest*

Property Sampled: 12360 Preakness Circle Lane, 21029  
Sample Location: Reverse Osmosis (R/O) Tap ✓  
Residual Chlorine: <0.1 mg/L

Building Permit #: B11002322  
Sampler ID #: 0765AR  
Samples Iced: Yes

County: Howard  
Map: 28

Subdivision: Walnut Grove  
Parcel: 74

Lot #: 47

Date/Time Collected in Field: January 23, 2012 @ 1:50 pm

Date/Time Received in Lab: January 23, 2012 @ 3:05 pm

Well Tag #: HO-94-4189  
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer, Carbon Filter, Sediment Filter (Not in Use), R/O

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

*OK  
reb 2/3/12*

*Katherine C. Higgs*  
Katherine C. Higgs  
Manager - Drinking Water Testing



TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 83898

Report Date: January 13, 2012

Property Sampled: 12360 Preakness Circle Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B11002322
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 47

Date/Time Collected in Field: January 12, 2012 @ 11:30 AM
Date/Time Received in Lab: January 12, 2012 @ 3:20 PM

Well Tag #: HO-94-4189
Well Condition: 2-Piece Cap, Satisfactory

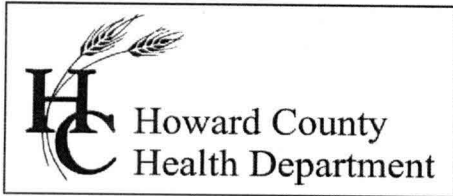
Water Treatment/Conditioning: Softener, Neutralizer (Not in Use)

Table with 5 columns: PARAMETER, METHOD, MCL/\*SMCL, RESULT, PASS/FAIL. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH, and Sand.

Handwritten note: 1-17-12 'Fail' Nitrate HS

Signature of Amanda Ragan
Amanda Ragan
Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health  
 7178 Columbia 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

**REQUEST FOR PERMANENT DEVIATION TO  
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 3/12/12 WELL PERMIT #: HO - ~~05 94~~ - ~~000~~ 4189  
 PROPERTY OWNER: x Runzhou Wu  
 SUBDIVISION & LOT #: WALNUT GROVE / LOT ~~57~~ 47  
 PROPERTY ADDRESS: 12360 PROMENADE CIRCLE LN.

CONDITIONS:

- 1) The well installed under permit # HO - 94 - 4189 has been documented to have a nitrate level of 138 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 1-23-12 indicated that the nitrate contamination has been reduced to <1.0 ppm at the primary drinking tap.

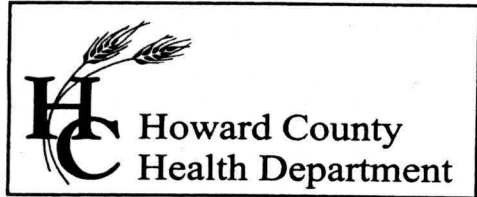
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - - . I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

x [Signature] \_\_\_\_\_

Prospective Owner's Day Time Phone Number(s)

x 443 691 1968 \_\_\_\_\_



Bureau of Environmental Health  
7178 Columbia 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

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

April 5, 2007

Walnut Grove, LLC  
10705 Charter Dr.  
Suite 320  
Columbia, Maryland 21044

RE: Walnut Grove, Lot #47  
Well Tag: HO-94-4189

To Whom It May Concern:

A sample was collected from a yield test on March 27, 2007 and submitted to GPL 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $8.4 \pm 1.7$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $8.9 \pm 1.3$  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 target 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 appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
✓ Well & Septic File

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*

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: 140-94-4189 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Walnut Cove Lot 47 County: Howard

Sample Source: Riverview Fence Ln. Location: HO-94-4189  
(well no., lab sink, sample tap, etc.)

County:   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: 3/27/07

Time Collected: \_\_\_\_\_ a.m. 1:30 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: \_\_\_\_\_

pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample collected during yield test.

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703207-005</u>	<u>8.4 ± 1.7</u>	<u>4/2/07</u>
✓	Gross Beta	4100		<u>8.9 ± 1.3</u>	
	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: \_\_\_\_\_