

C1 8755

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 13 A517422

1 2 3 6 (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" HO-75-0581

OWNER DeFrancis Running Fence Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 26

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. Rows include Top Soil, Clay, Sandy, Sand Stone, MICICA, Sand Stone, MICICA.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 40

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

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below (Steel, Brass, Plastic, Open Hole, Other)

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 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

DRILLERS LIC. NO. M S D H E Z

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Table with columns: DEPTH (nearest ft.), E A C H C A S I N G, S L O T S I Z E, DIAMETER OF SCREEN

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

C3

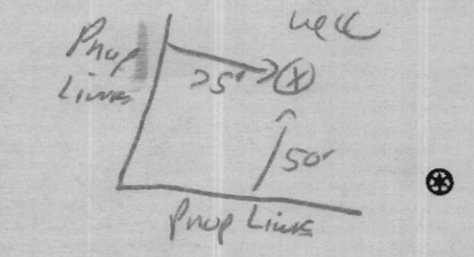
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 13 ft, WHEN PUMPING 17 ft, TYPE OF PUMP USED (for test) 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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 35, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 47, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot)

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)



B 1 0549
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

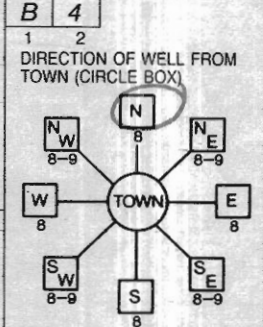
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
525642 please type

STATE PERMIT NUMBER
HO-95-0581
70 fill in this form completely 79

Date Received (APA)
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76
Land Marketing Consultants
3060 Rt. 92
Glenwood MD 21738

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Walnut Grove 42
SECTION 44 46 LOT 26 48 50
52 NEAREST TOWN CLARKSVILLE 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION
66 Driller's Name M SD 117
76 License No. 81
66 Firm Name
66 Address
66 Signature Date
Ralph E. Mayne
Ralph E. Mayne Inc
17024 Handy Rd. Mt. Airy MD 21724
Ralph E. Mayne 11-11-06



B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD Running Fence Lane 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD 260
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 18 PARCEL 74

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A517422
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12/4/2006
43 MM DD YY 48 CO SIGNATURE Brian Baker 12/4/2007 41 EXP. DATE
50 NORTH GRID 507 000 55 EAST GRID 815 000 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

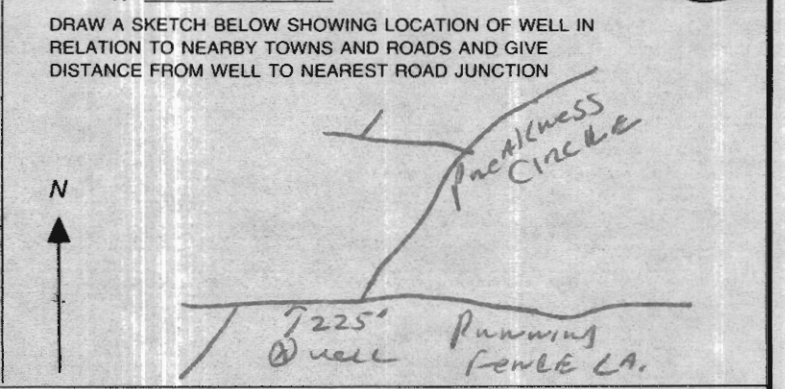
APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 64 INCH
NEAREST INCH

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 815
N 5087
Radium
1/16/07 Radium Sample Collected (BB)

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO 2005G 006
PERMIT No. HO-95-0581
70 71 72 73 74 75 76 77 78 79



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

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**



FAXED
8-16-12

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: NATIONAL WATER SERVICE Telephone #: 301-854-1323
Address: P.O. BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PE-0145

*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: SELFRIDGE Builders Telephone #: 410-531-8930
Subdivision: WALNUT GROVE Lot #: 24 Well Tag #: HO-95-0581
Site Address: 12281 RUNNING FENCE LA
CLARKSVILLE MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 SQED7-180</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>140</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <u>CPS</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 8-16-12

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

Date Insp. Requested: _____ Date Insp. Approved: 10/12/2012 **CB**

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

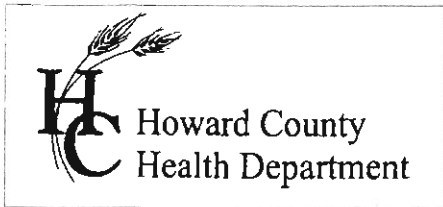
Safety rope installed inside of well casing

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

Under Footer



7178 Columbia Gateway Dr., Columbia, MD 21046
(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 application for a proposed well for new construction, please indicate one of the following:

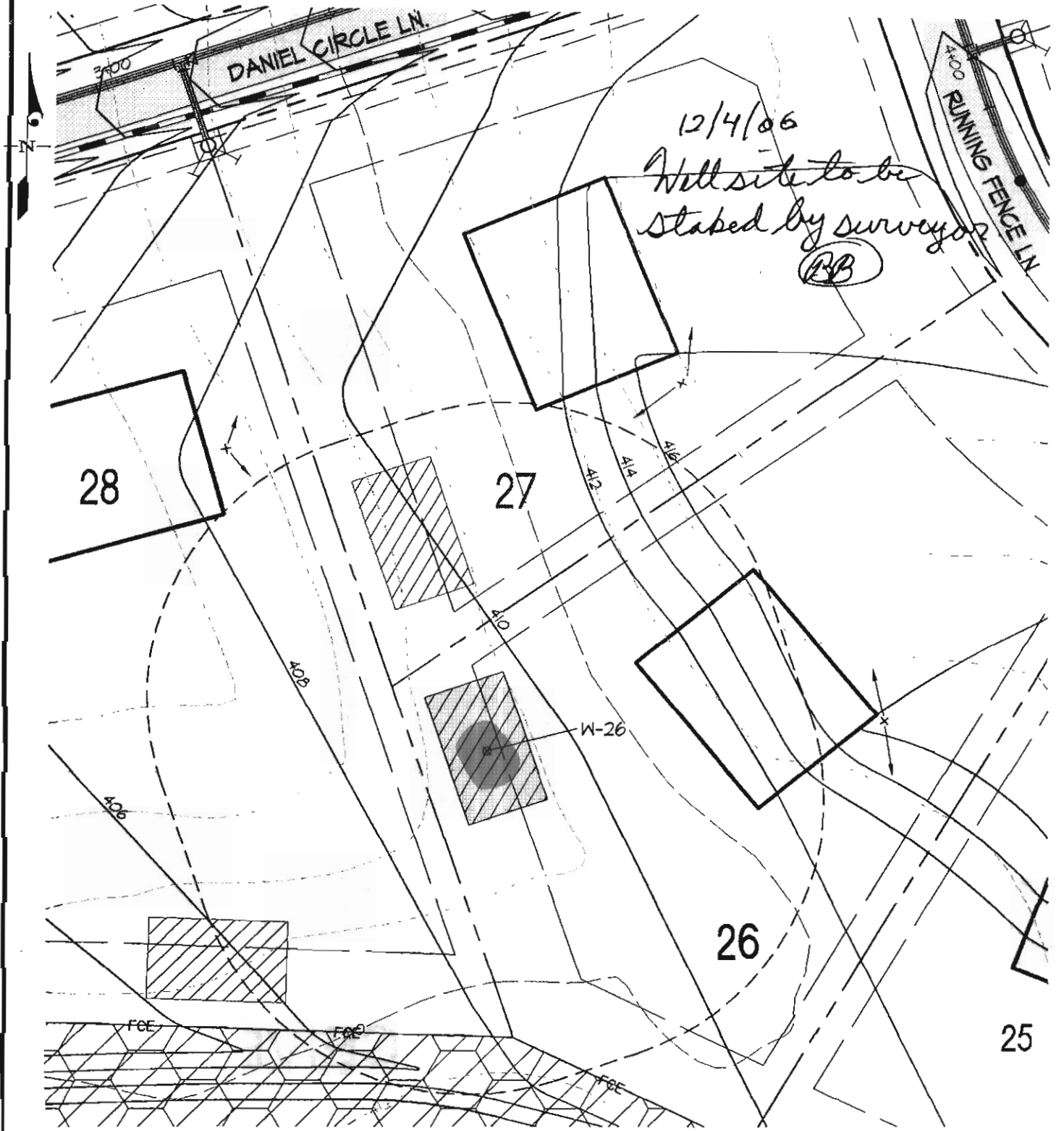
Well Site Location:

<i>Walnut Grove</i>	<i>26</i>	<i>Running Fence Lane</i>
Subdivision/Property Name	Lot #	Road Name

- Staking to take place after initial review (as discussed with Bob Weber).
- The well site has been staked by _____ ,
(professional land surveyor or company employing professional land surveyors)
on _____ (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 3/11/05



LEGEND	PROPOSED LPSS	HOUSE BOX	WELL BOX	WELL SURVEY POINT
	PROPOSED STORM DRAIN			

WELL LOCATION EXHIBIT - LOT 26

WALNUT GROVE
 Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK 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	OCT., 2006	1 OF 1
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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. Acting Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 2nd. 2013

November 2, 2012

Homeowner
12241 Running Fence Lane
Clarksville, MD 21029

**RE: Walnut Grove, Lot 26
12241 Running Fence Lane
Building Permit: B12000456
Well Permit: HO-95-0581**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/16/2012**. Final approval of the well line connection to the dwelling was granted on **10/12/2012**. The well construction was completed on **1/16/2007**. Water samples were collected on **9/12/2012, 9/26/2012 & 10/5/2012, .**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **1/16/2007**. Results showed a Gross Alpha level of **-0.1 ± 0.6 pCi/L** and **Gross Beta** level of **2.0 ± 1.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

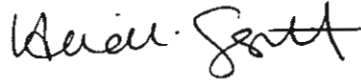
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0581. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 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,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, 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:

James H. Selfridge Builders Inc.
 4781 Ten Oaks Road
 Dayton, Maryland 21036

S/O Number: 86896

Report Date: October 8, 2012

Retest #2

Property Sampled: 12241 Running Fence Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12000456
Sampler ID #: 4723TL
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 26

Date/Time Collected in Field: October 5, 2012 @ 3:01 pm
Date/Time Received in Lab: October 5, 2012 @ 4:20 pm

Well Tag #: HO-95-0581
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	8.9 mg/L as N	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Water Purb
 OK DB
 10-9-12*

Amber Maxwell
 Drinking Water Specialist



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester: James H. Selfridge Builders Inc.
 4781 Ten Oaks Road
 Dayton, Maryland 21036

S/O Number: 86783

Report Date: September 27, 2012

Property Sampled: 12241 Running Fence Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12000456
Sampler ID #: 4723TL
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 26

Date/Time Collected in Field: September 26, 2012 @ 12:20 pm
Date/Time Received in Lab: September 26, 2012 @ 2:00 pm

Well Tag #: HO-95-0581
Well Condition: 2-Piece Cap, All Bolts Loose, Cap Unsecure

Water Treatment/Conditioning: Sediment Filter

Retest #1

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	9.6 mg/L as N	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Bacteria fail
 Nitrate High - Test again
 Feb 9/28/2012*

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:

James H. Selfridge Builders Inc.
 4781 Ten Oaks Road
 Dayton, Maryland 21036

S/O Number: 86604

Report Date: September 13, 2012

Property Sampled: 12241 Running Fence Lane, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12000456
Sampler ID #: 4723TL
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 26

Date/Time Collected in Field: September 12, 2012 @ 10:21 am

Date/Time Received in Lab: September 12, 2012 @ 1:51 pm

Well Tag #: HO-95-0581

Well Condition: 2-Piece Cap, Unsecure

Water Treatment/Conditioning: Sediment Filter

*Fails Coliform bacteria
 & Nitrates, others ok
 9/26/12*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	11.5 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	2.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.3 Units	***
Sand		Absent	Absent	Pass

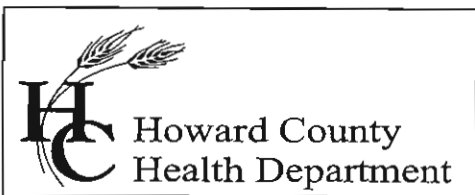
The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

January 25, 2007

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

RE: Walnut Grove, Lot #26
Well Tag: HO-95-0581

To Whom It May Concern:

A sample was collected from a yield test on January 16, 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 -0.1 ± 0.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 2.0 ± 1.0 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:

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

WG26BB950581

Sample Bottle No. A: 1 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove - Lot 26 County: Howard

Sample Source: Running Fence Lane Location: H0-95-0581
(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: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 1/16/2007

Time Collected: 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Well Yield Test ^{pH} Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>701076-002</u>	<u>-0.1 ± 0.6</u>	<u>1/19/07</u>
✓	Gross Beta	4100		<u>2.0 ± 1.0</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: _____

Mr. Bert Nixon
Howard County Health Department
410-313-1771

RE: Well Water
12241 Running Fence Lane
Clarksville, MD 21029

Building Permit #B12000456

October 24, 2012

Mr. Nixon,

I am the owner of a home that is being built in the Walnut Grove subdivision at the referenced address above, and Tim Ragen from Selfridge Builder's has asked me to write this letter to you with regards to the potability of our well water. Tim has shared with me the fact that the first test failed due to coliform and slightly elevated levels of nitrates. He has also shared with me that the two subsequent tests that were performed yielded passing results as related to the nitrate levels.

This letter is to serve as written acknowledgement of my responsibility as the homeowner to have periodic water tests performed to insure the safety of our water supply. I also do not want to install a point of source reverse osmosis system at this time, however, I do plan to have additional testing done in the near future on the water supply in order to determine exactly what would be the best course of remedial action, if indeed any is needed.

I trust this is the information you need in order to finalize the inspection process, however, should you need anything else please do not hesitate to call or email.

Best Regards,



Marc Guerrasio
Homeowner
443-994-8476 (cell)