

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

8 13

DATE WELL COMPLETED

08 31 06

Depth of Well

220
(TO NEAREST FOOT)

COUNTY NUMBER

13 A517422

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-75-0714

OWNER

STREET OR RFD

SUBDIVISION

DeFrancis

Running Fence Lane

Walnut Grove

O.K. (AB)

TOWN

Clarksville

SECTION

LOT

39

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearing

Top Soil
Clay
Sand Stone
MICKA
Sand Stone
MICKA
Sand Stone
MICKA

0 1
1 16
16 25
25 35
35 45
45 120
120 125
125 220

check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 NO. OF POUNDS 45 46

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 30+ 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE 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
insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)

C 2
T 2
E 1 8 9 11 15 17 21
A 1 8 9 11 15 17 21
C 2 23 24 26 30 32 36
H 2 23 24 26 30 32 36
S 3 38 39 41 45 47 51
R 3 38 39 41 45 47 51
E 3 38 39 41 45 47 51
N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 23 ft.

WHEN PUMPING 55 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 40 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

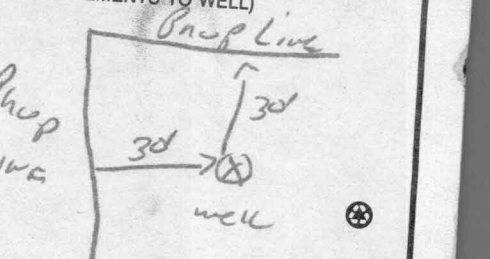
CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

DRILLER CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND PERFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE MENTIONED PERMIT, AND THAT THE INFORMATION PRESENTED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S LIC. NO. M D 112

DRILLER'S SIGNATURE

DRILLER'S SIGNATURE (MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

Date Received (APA) **11/30/05**
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name **LAND MKTG CONSULTANTS INC** Owner First Name 34
 36 Street or RFD **3060 WASHINGTON RD** 55
 57 Town **GLENWOOD MD 21738** 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY **Howard** 21
 23 SUBDIVISION **WALNUT GROVE** 42
 SECTION 44 46 LOT **39** 48 50
 52 NEAREST TOWN **CLARKSVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name **Ralph E. MAYNE MSD 117** License No. 81
 Firm Name **Ralph E. MAYNE INC**
 Address **17024 Hardy Rd. Mt Airy MD. 21721**
 Signature **Ralph E. Mayne** Date **11-20-05**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 11 **Running Fence LA** 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 **225** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **28** BLK: **18** PARCEL **74**

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

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

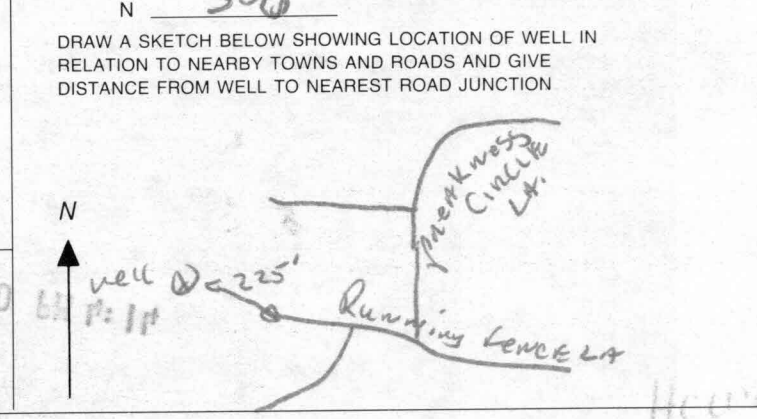
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **(13) A517422**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **8/28/2006** **Brian Baber** 8/28/2007
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **508 000** EAST GRID **815 000**
 50 55 57 63

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 **815**
 N **508**

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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED 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 **HO2005G006**
 PERMIT No. **HO-95-0414**
 70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0714
 Location of property (road) Running Fence Ln
 Subdivision Walnut Grove Lot 39 Block 18 Plat 28 Sec. Para 74
 Well Driller Ralph Mayne Owner DeFrances

Depth of well 220 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 23 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 55 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	23 ft	6 Sec		10 GPM
			TEST STARTED	
8:15	55 ft	8 Sec		7.3 GPM
8:30	55 ft	8 Sec		7.3 GPM
8:45	55 ft	8 Sec		7.3 GPM
9:00	55 ft	8 "		7.3 "
9:15	55 ft	8 "		7.3 "
9:30	55 ft	8 "		7.3 "
9:45	55 ft	8 Sec		7.3 GPM
10:00	55 ft	8 Sec		7.3 GPM
10:15	55 ft	8 Sec		7.3 GPM
10:30	55 ft	8 "		7.3 "
10:45	55 ft	8 "		7.3 "
11:00	55 ft	8 Sec		7.3 GPM
11:15	55 ft	8 Sec		7.3 GPM

**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: Do-It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9855 Old Mill Rd
E. C. Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Duane Gilbert License# 21899

*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: TBI Telephone #: 410-480-0023
Subdivision: Walnut Grove Lot #: 39 Well Tag #: HO-95-0414
Site Address: 12260 Running Fence Ln
Clarksville Md 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25752-12 Plus-P4-1</u>	Model#: <u>PT900</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>7</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>220</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic - one inch</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Approximate length of sleeve: <u>10 Ft</u>
Depth of supply line: <u>yes</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: [Signature] date: April 9 2012

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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
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 #: 39 Well Tag #: HO-95-0414
Site Address: 12260 Running Fence Ln

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

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: _____

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

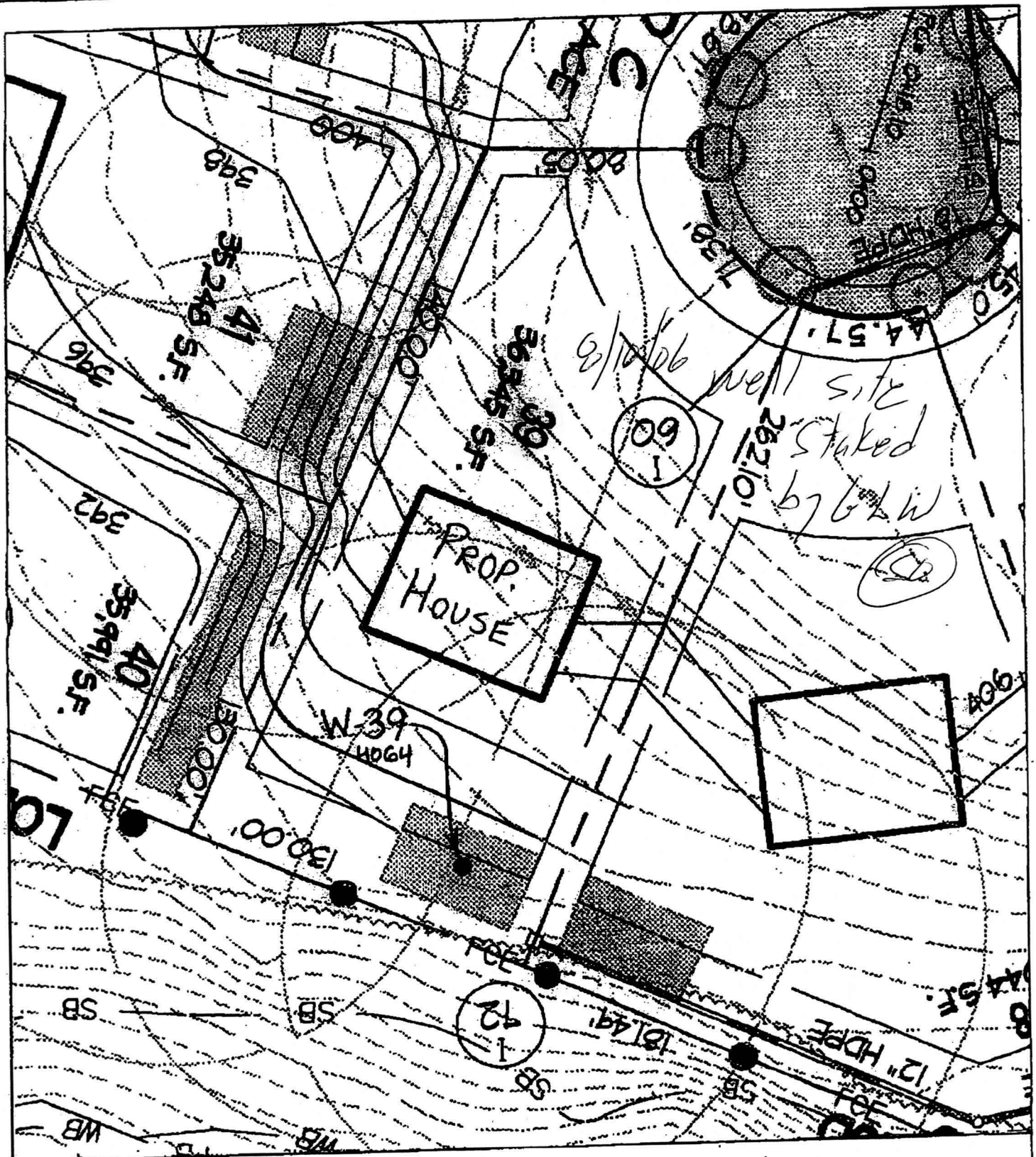
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: _____ Date Insp. Approved: 9/23/2011 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



HERITAGE
Land Development

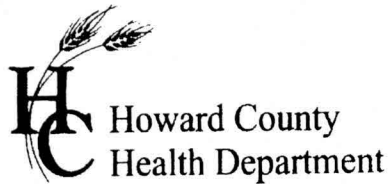
WELL LOCATION EXHIBIT - LOTS 9
WALNUT GROVE

TAX MAP 008 ZONED RC-RES
5TH ELECTION DISTRICT
SCALE 1"=50'

PARCEL 74
HOWARD COUNTY, MARYLAND
DATE: OCTOBER 22, 1993

LAND PLANNING • DEVELOPMENT • MARKETING • ZONING • VALUATION

2000 WASHINGTON CRT. #72, SUITE 200, GLENWOOD, MD 20625 PHONE: 410-352-7900



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

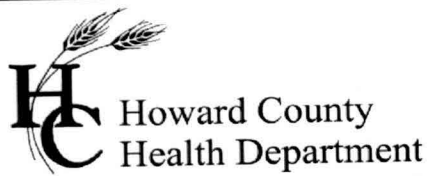
ATTENTION WELL DRILLERS!!!

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 11/10/2005
- _____ 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



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

Expiration Date – October 9, 2012

April 9, 2012

Homeowner
12260 Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 39
12260 Running Fence Lane
Building Permit: B11000145
Well Permit: HO-95-0414

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 **4/2/2012**. Final approval of the well line connection to the dwelling was granted on **9/23/2011**. The well construction was completed on **8/31/2006**. Water samples were collected on **4/5/2012**.

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.

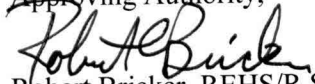
Gross Alpha and Beta samples were also collected on **8/31/2006**. Results showed a Gross Alpha level of **2.45 ± 1.57 pCi/L** and **Gross Beta** level of **4.85 ± 1.38 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 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-95-0414. 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,



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:

Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 84837

Report Date: April 6, 2012

Property Sampled: 12260 Running Fence Lane, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B11000145
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 39

Date/Time Collected in Field: April 5, 2012 @ 2:05 pm
Date/Time Received in Lab: April 5, 2012 @ 5:30 pm

Well Tag #: HO-95-0414
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	6.5 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.5 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.

'OK' reb 4/9/12

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.



Howard County
Health Department

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

October 5, 2006

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

RE: Walnut Grove
Well Tag: HO-95-0414

To Whom It May Concern:

A sample was collected during a yield test on August 31, 2006 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. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 2.5 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 1.4 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 or concerns.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic property file

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	WG39KW0414
Receipt Date/Time:	9/1/2006	Lab Sample ID:	609008-001-001-1/1
Prepared Date/Time:	9/5/2006	Sample Matrix:	WATER
Analysis Date/Time:	9/6/2006 1:40:00 PM	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	2.45 pCi/L	± 1.57 pCi/L	2.52 pCi/L	U
Gross Beta	4.85 pCi/L	± 1.38 pCi/L	2.41 pCi/L	

*OK
RFB 4/9/12*

Send Report To:
Howard Co.
Env. Health

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

*Walnut
 Grove
 Well*

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: WA 39 KW0414 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove County: Howard

Sample Source: Running Fence Lane Location: well # HO-95-0414
 (well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
 Landfill
 Stream
 Other

Community
 Non-community
 Private
 Other

Source (raw water)
 Distribution (treated)
 MCL

Emergency
 Routine
 Recheck
 Special

Collector: Kevin Wolf

Telephone No: 410-313-2645

Date Collected: 08/31/2006

Time Collected: 10:20 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____
 pH _____ Chlorine _____

Remarks: Sample taken during yield test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	609008-001	2.5 ± 2.0	9/7/06
✓	Gross Beta	4100		5.0 ± 1.4	
	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: _____