

C1 2973

SEQUENCE (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)

COUNTY NUMBER A 520414

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 6 28 2007

Depth of Well 450'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0711

OWNER Winchester Homes Inc. STREET OR RFD Open Run Rd. TOWN Ellicott City SUBDIVISION Riverbend phase 2 SECTION LOT 66

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-41, Gray Granite 41-450, Dry well backfilled 6 40-40 drilling material HO-0 Cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) BENTONITE CLAY (B) (C) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL 0 to 42 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing 6 Total depth of main casing 45

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. 1 MSD 024

DRILLERS SIGNATURE Joseph E. Mayne LIC. NO. 1 D

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

DEPTH (nearest ft.) 43 450' E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) 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) T (E.R.O.S.) W Q

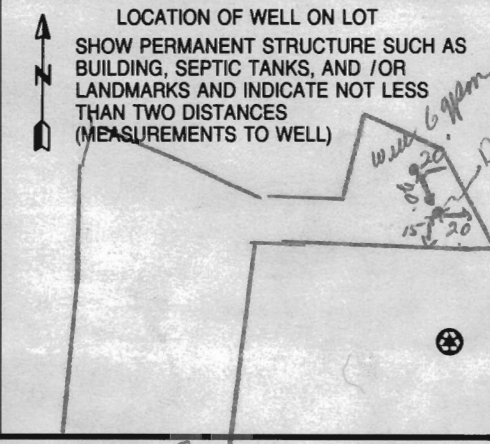
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 189 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 2 (nearest foot)



Open run Rd

B 1 9876

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
525693 please type

HO - 95 - 0711  
70 fill in this form completely 79

**OWNER INFORMATION**

Date Received (APA) 2/1/07  
8 MM DD YY 13

Winchester Homes Inc  
15 Last Name Owner First Name 34

6905 Rockledge Dr Suite 800  
36 Street or RFD 55

Bethesda Md 20817  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard  
8 COUNTY 21

Riverwood Phase 2  
23 SUBDIVISION 42

SECTION 44 LOT 66  
44 46 48 50

Ellicott City  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I  
73 76 77 78

**DRILLER INFORMATION**

Joseph L Mayne M S D O 24  
76 Driller's Name License No. 81

Joseph L Mayne Well Drilling  
Firm Name

5512 Ridge Rd Mt. Airy Md 21111  
Address

Joseph L Mayne 1-30-07  
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Open Run Rd  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 280 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 9 PARCEL 10

**WELL INFORMATION**

B 2 APPROX. PUMPING RATE 5  
1 2 (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)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A 520414  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 2/14/07 Kim Vail 2/14/08  
48 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 515 000 EAST GRID 0829 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER HO 2 004 G 007

PERMIT No. HO - 95 - 0711  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8209

N 5105

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

**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)313-2643**

**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 #: 301-854-1953  
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# \_\_\_\_\_

\*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: WINCHESTER HOMES Telephone #: \_\_\_\_\_  
Subdivision: RIVERWOOD Lot #: 66 Well Tag #: HO-95-0711  
Site Address: 12038 OPEN RUN RD  
ELLICOTT CITY MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDSO</u>	Make: <u>CARBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15506 10-250</u>	Model#: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>652</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>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
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>

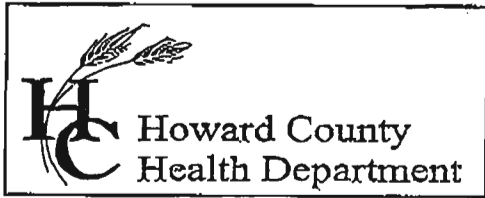
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_

date 5/23/13

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

Date Insp. Requested: _____	Date Insp. Approved: <u>5/27/2013</u>	<u>BB</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>Covered</u>	<u>Out of Place - Called Plumber</u>
Two piece cap installed and attached to casing securely	<u>O-Ring</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<u>Under Footer</u>	
Adequate grout observed below pitless adapter	<u>Covered</u>	



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

TO ALL INTERESTED PARTIES

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

Well Site Location:

<u>Riverwood Phase II</u>	<u>43-77</u>	<u>Castlebridge Rd, Hunters View Road</u>
Subdivision/Property Name	Lot#	Road Name(s)
		<u>Open Run Road &amp; Whitson Way</u>

The well site has been staked by Benchmark Eng,  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (date) and does not require a site inspection.

*all lots will be staked by 12/29/06*

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

*Contact is:*

*Easterday*

*301-829-1440*

2006 DE 18 PM 2:32

ENVIRONMENTAL HEALTH  
 7178 COLUMBIA GATEWAY DRIVE  
 COLUMBIA, MD 21046

CELL V  
NTY, MARYLAND  
SEMENT HOLDER  
*To Open*

LOT 65  
57,699 S.F.

COMMUNITY SEPTIC LOT

LOT 66  
45,193 S.F.



*Well site OK*

S86°52'50"E 163.94'  
*Staked by Bm*  
*10/14/12*

68.74'

5.02'

S 25°00'16" W 178.68'

47C

L=121.57'  
L=141.58'

OPEN RUN ROAD  
PUBLIC ACCESS  
PAVING  
50' P.W. 24'

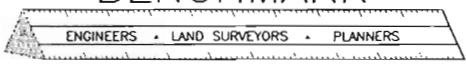
RIVERWOOD, PHASE 2

LOT 66

FORTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 1/24/07

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6105 FAX: 410-465-6644

## Baker, Brian

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**From:** Pickett, Tom  
**Sent:** Tuesday, May 21, 2013 6:44 AM  
**To:** Day, Lori; Wolf, Kevin; Baker, Brian; Tuder, Matt; Hart, Amy  
**Cc:** Pickett, Tom  
**Subject:** U & O Release Lot 80 12038 Open Run Rd

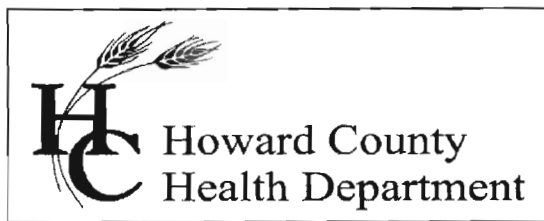
Shaun observed the start-up of a Sewage Grinder Pump at the Riverwood Shared Septic System:

Riverwood, Contract 50-4287  
Winchester Homes  
12038 Open Run Rd, Lot #80  
Ellicott City, MD 21042

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U & O.

This is the 10th lot on the shared septic system at this location.

Matt  
410-313-4934 office  
410-978-1320 mobile



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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

Expiration Date – November 29, 2013

May 29, 2013

Homeowner  
12038 Open Run Road  
Ellicott City, Maryland 21042

**RE: Riverwood II, Lot #80**  
**12038 Open Run Road**  
**Building Permit: B13000271**  
**Well Permit: HO-95-0711**

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 **5-21-2013**. Final approval of the well line connection to the dwelling was granted on **5-27-2013**. The well construction was completed on **6-28-2007**. Water samples were collected on **5/02/2013**.

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 **5/2/2013** indicated a nitrate level of **12.1 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 **5/10/2013** 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.**

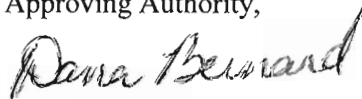
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0711. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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,



Dana Bernard, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 89242 Account #: 3123  
Reference: Riverwood Lot 66 Company: National Water Servicing  
Location: 12038 Open Run Road Requested By: Dave Rycke  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 5/17/2013 1102 Site: Pressure Tank  
Date/Time Rec'd: 5/17/2013 1319 Treatment: Prior to Sed.Filter/Softener/Neutralizer  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Yeager 6176JY Well #: HO-95-0711

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/18/2013 / 0900 / CWM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/18/2013 / 0900 / CWM

Bacteria OK  
5/21/13 HRS

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13000271

Date Reported: 5/20/2013

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	89033	Account #:	3123
Reference:	Riverwood Lot 80/ 60	Company:	National Water Servicing
Location:	12038 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/2/2013 1325	Source:	Well Water
Date/Time Rec'd:	5/2/2013 1620	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	C. Mooshian 7268CM	pH:	5.8
		Well #:	HO-95-0711

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	19.2	MPN/ 100 ml	<1.0	SM18 9223	5/3/2013 / 1100 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/3/2013 / 1100 / LLO
Nitrate	12.1	mg/L	10	601	5/3/2013 / 0930 / CCH
Turbidity	2.07	NTU	<10	SM18 2130B	5/3/2013 / 1230 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	5/3/2013 / 1241 / JKW

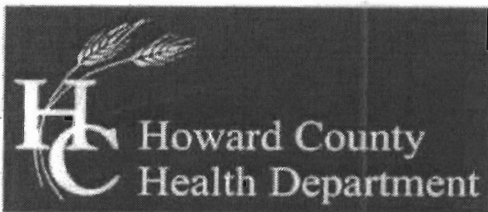
*Bad Bacteria (Bad Nitrates)  
Bacteria DB NO Retest  
5-9-13*

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B13000271

Date Reported: 5/3/2013



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

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

DATE: 05-17-13 WELL PERMIT #: HO- 95 - 0711  
PROPERTY OWNER: WINCHESTER HOMES / WELCH  
SUBDIVISION & LOT #: RIVERWOOD LOT #66  
PROPERTY ADDRESS: 12038 OPEN RUN Rd,  
ELICOTT CITY, MD

**CONDITIONS:**

- 1) The well installed under permit # HO-95-0711 has been documented to have a nitrate level of 2.1 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 5/10/13 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-95-0711. 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]

W. F. Welch, Jr.      Camille M. Welch

Prospective Owner's Day Time Phone Number(s)

(410) 615-7186      (410) 615-7124



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

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

August 24, 2007

Winchester of Howard County  
6905 Rockledge Dr.  
Suite 800  
Bethesda, MD 20817

RE: Riverwood Subdivision, Lot# 66  
Well Tag: HO-95-0711

To Whom It May Concern:

A sample was collected from a yield test June 28, 2007 and submitted to Department of Health and Mental Hygiene 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  $7.0 \pm 2.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $6.0 \pm 2.0$  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

