

6923

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 520414

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 7/11/2007

Depth of Well 600'

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0699

OWNER Winchester Homes Inc STREET OR RFD Hunters View Rd TOWN Elkton City SUBDIVISION Rivewood Phase 2 SECTION LOT 54

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, FEET (FROM, TO), check if water bearing. Rows: Sand Stone (0-51), Gray granite (51-600).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 128

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing 6 Total depth of main casing 54

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

SCREEN RECORD

screen type or open hole (ST) BRASS (BR) HO OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N. Rows: 1 (8-11, 15-17, 21), 2 (23-24, 26, 30-32, 36), 3 (38-39, 41, 45-47, 51). Slot size 1, 2, 3. Diameter of screen 56-60.

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

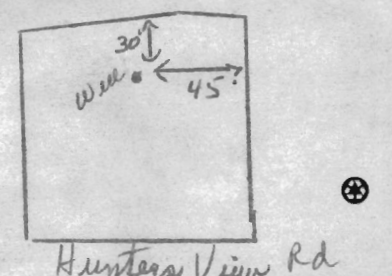
PUMPING TEST

HOURS PUMPED (nearest hour) 3/8/9 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 WHEN PUMPING 382 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES 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 1 (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 9864
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

40-95-0699
fill in this form completely

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

OWNER INFORMATION

Winchester Homes Inc
6905 Rockledge Dr Suite 500
Bethesda Md 20817

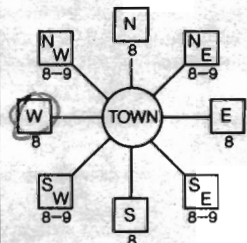
B 3 LOCATION OF WELL

Howard COUNTY
Riverwood Phase 2 SUBDIVISION
SECTION 44 46 LOT 54
Ellicott City
MILES FROM TOWN (enter 0 if in town) 5 MI

DRILLER INFORMATION

Joseph L Mayne M S D 024
Joseph L Mayne Well Drilling
5512 Ridge Rd Mt. Airy Md 21771
Joseph L Mayne 1-30-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunters View Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD 220
ENTER FT OR MI
TAX MAP: 29 BLK: 4 PARCEL 20

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY
STATE SIGNATURE
DATE ISSUED 2/13/07
CO SIGNATURE
NORTH GRID 514 000 EAST GRID 0829 000

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- AIR-ROTary
- CABLE
- JETTED
- AIR-PERCussion
- REVerse-ROTary
- other
- Jetted & DRIVEN
- ROTARY (Hydraulic Rotary)
- DRive-POINT

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
- 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER H02004-G-007
PERMIT No. H0-95-0699

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

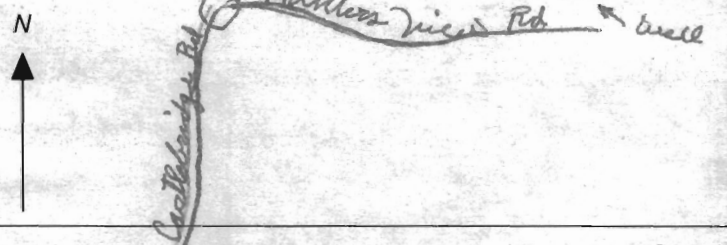
- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8269
N 5104

7/17/07 Radium Sample Collected During Yield Test (BB)

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)313-2648**

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: National Watersvc Telephone #: 301-954-1333
 Address: P.O. Box 138
Ashton, MD 20801

(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# PI 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: Winchester Home Telephone #: _____
 Subdivision: Riverwood Lot #: 54 Well Tag #: HO-95-0699
 Site Address: 11012 Hunters View Rd
Ellicott City, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>SGE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10-350</u>	Model#: <u>PA9ED</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>4</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>600</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>		

Piping to house	House Connection
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 7-1-13

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

Date Insp. Requested: 7/1/13 Date Insp. Approved: _____

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap property	<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	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

missing Bolts (KW)
under Footer OK

**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: _____ Telephone #: _____
Address: _____

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

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Riverwood Lot #: 54 Well Tag #: HO-95-0699
Site Address: 1012 Hunters View Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

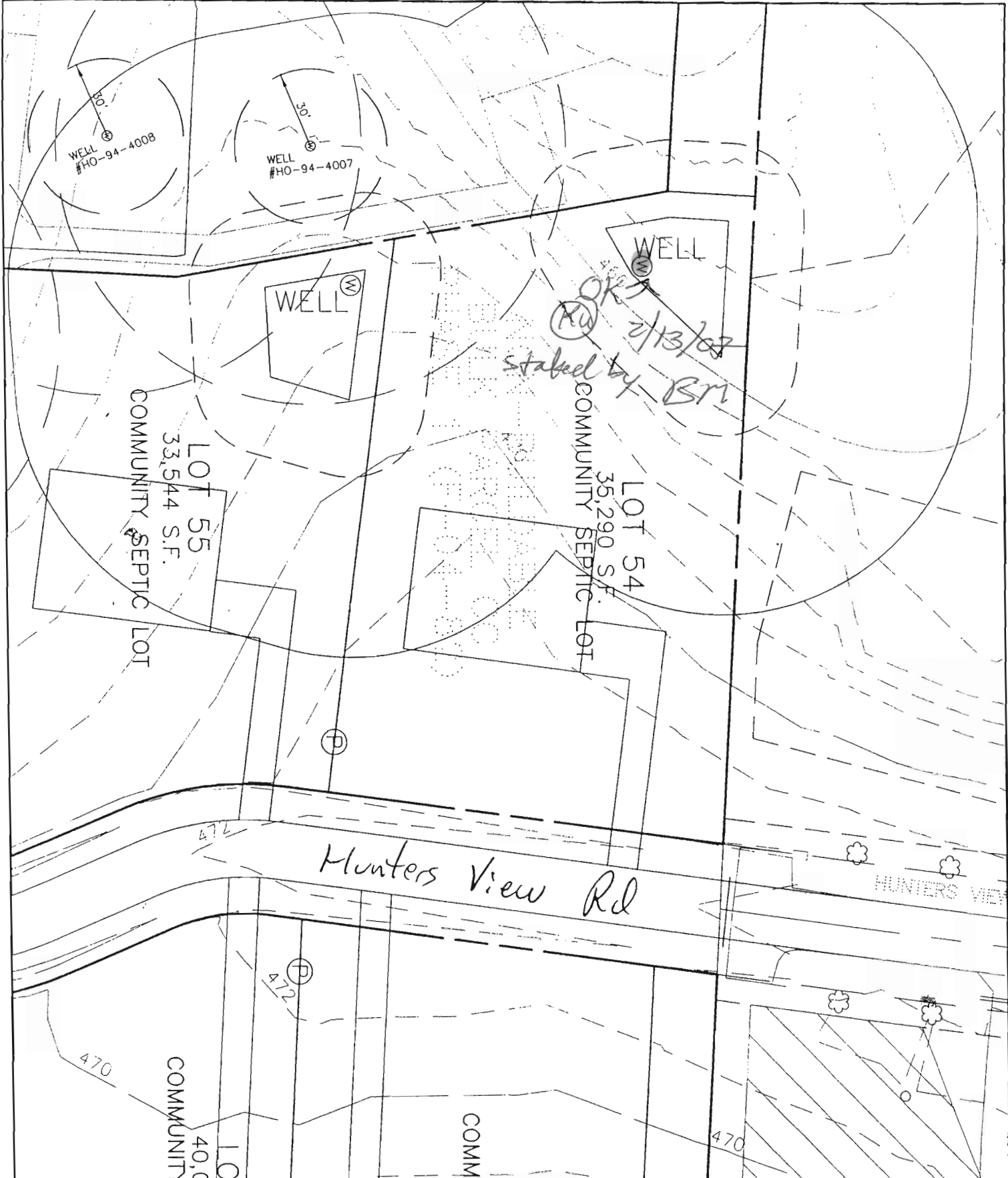
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 7/1/13 Date Insp. Approved: 8/5/13 Inspector: BBT / (K)
 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 under Footer
 Adequate grout observed below pitless adapter ✓



LOT 55
33,544 S.F.
COMMUNITY SEPTIC LOT

LOT 54
35,290 S.F.
COMMUNITY SEPTIC LOT

OK
2/13/07
staked by BRM

Hunters View Rd

HUNTERS VIEW

470
COMMUNITY
40.0

COMM

470

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS

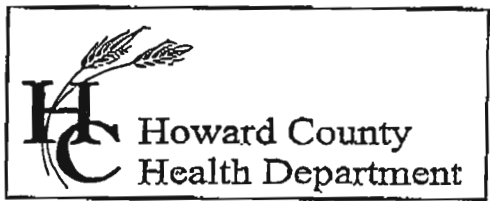
RIVERWOOD, PHASE 2
LOT 54

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 1/24/07

ENGINEERING, INC.

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

PHONE: 410-465-6105 FAX: 410-465-6644
P:\1132 Home\01132\102519.dwg 1/24/2007 5:58 PM
tmc, Kyocera Mita KM-2530 KX.pc3



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:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
 Subdivision/Property Name Lot# Road Name(s)
Open Run Road & Whitford Way

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.

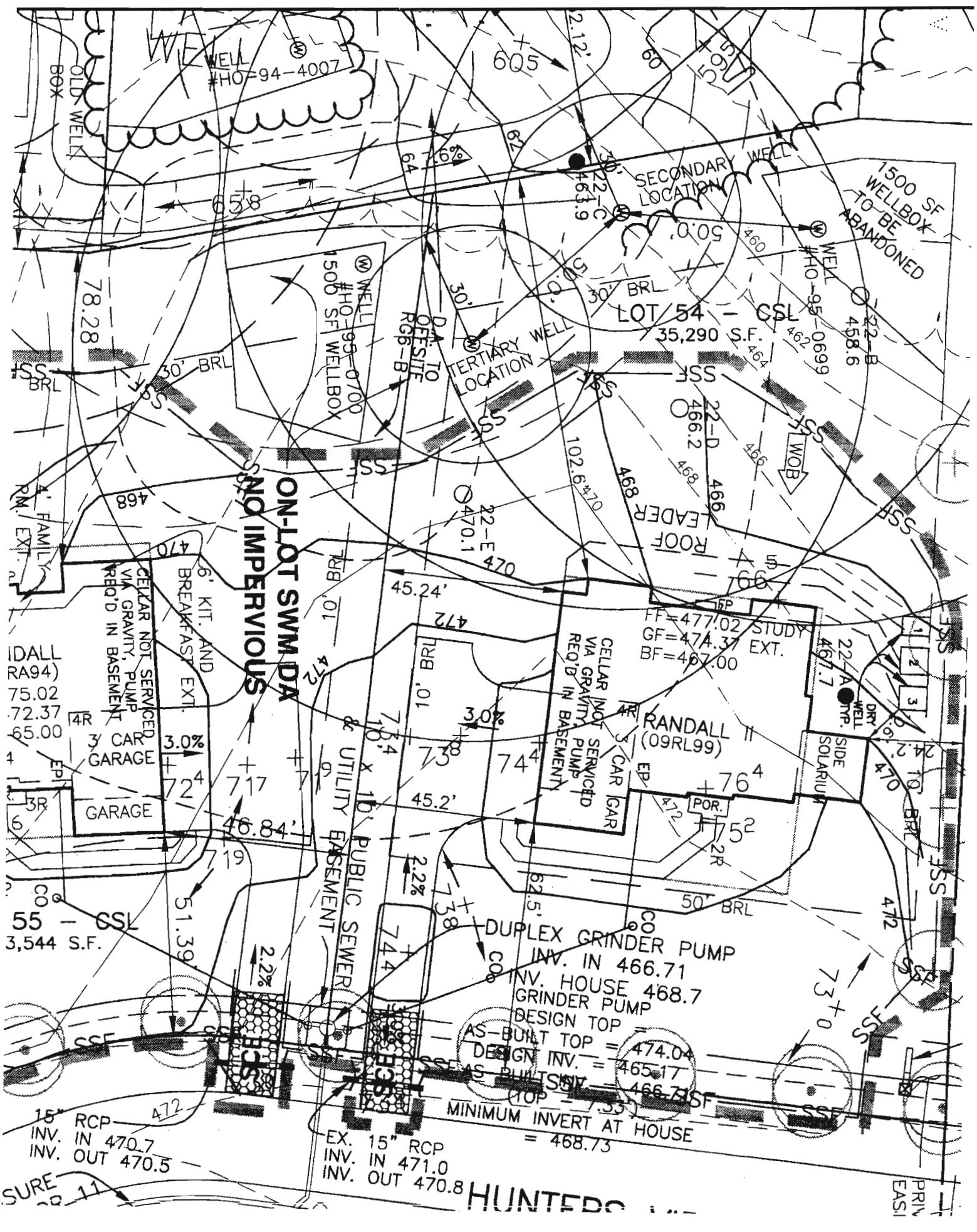
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Contact is:
 Easterday's
 301-829-1440

2006 DE 18 PM 2:32

ENVIRONMENTAL HEALTH



**ON-LOT SWM DA
NO IMPERVIOUS**

STUDY
FF=477.02
GF=474.37
BF=467.00
EXT.

RANDALL II
(09RL99)

DUPLEX GRINDER PUMP
INV. IN 466.71
INV. HOUSE 468.7
GRINDER PUMP
DESIGN TOP =
AS-BUILT TOP = 474.04
DESIGN INV. = 465.17
AS-BUILT INV. = 466.73
TOP = 7.33

MINIMUM INVERT AT HOUSE
= 468.73

EX. 15" RCP
INV. IN 471.0
INV. OUT 470.8

15" RCP
INV. IN 470.7
INV. OUT 470.5

SURE

HUNTERS

PRIN
EASI

IDALL
RA94)
75.02
72.37
65.00

55 -
3,544 S.F.

4' FAMILY
RM. EXT.

6' KIT. AND
BREAKFAST EXT.
CELLAR NOT SERVICED
VIA GRAVITY PUMP
RECD IN BASEMENT
3 CAR GARAGE
GARAGE

3 CAR GARAGE
GARAGE

51.39

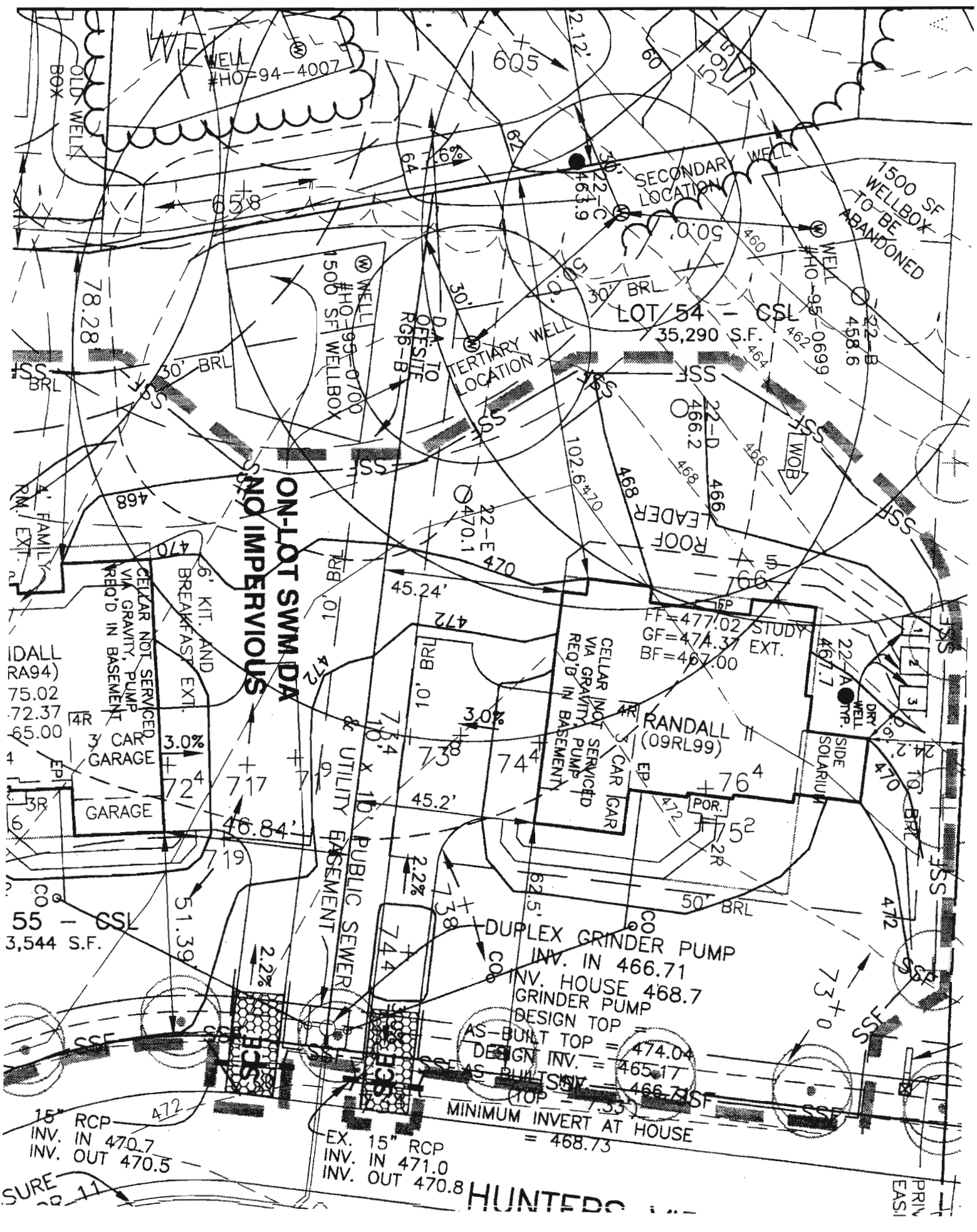
55 -
3,544 S.F.

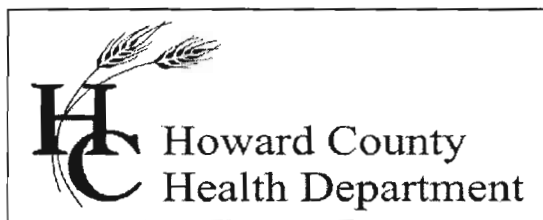
15" RCP
INV. IN 470.7
INV. OUT 470.5

SURE

HUNTERS

PRIN
EASI





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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 1, 2014

October 1, 2013

Homeowner
11012 Hunter's View Road
Ellicott City, MD 21045

RE: Riverwood, Lot # 54
11012 Hunters's View Road
Building Permit: B13001809
Well Permit: HO-95-0699

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 **8/05/13**. Final approval of the well line connection to the dwelling was granted on **8/05/13**. The well construction was completed on **7/11/07**. Water samples were collected on **09/26/13**.

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. 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-95-0699. 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 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

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 #: 91266 Account #: 3123
Reference: Riverwood Lot 54 Company: National Water Servicing
Location: 11012 Hunters View Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/26/2013 1106 Site: Pressure Tank
Date/Time Rec'd: 9/26/2013 1520 Treatment: ***
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: C. Mooshian 7268CM Well #: HO-95-0699

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/27/2013 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/27/2013 / 1030 / LLO

*Bacteria
ok
10-1-13
DB*

NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B-13001809

Date Reported: 9/27/2013

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 #: 90978 Account #: 3123
Reference: Riverwood Lot 54 Company: National Water Servicing
Location: 11012 Hunters View Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/12/2013 1242 Site: Pressure Tank
Date/Time Rec'd: 9/12/2013 1414 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Yeager 6176JY Well #: HO-95-0699

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	9/13/2013 / 1030 / LLO
Bacteria, E. coli, MPN	1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/13/2013 / 1030 / LLO
Nitrate	2.87 ✓	mg/L	10	601	9/13/2013 / 1430 / CCH
Turbidity	5.51 ✓	NTU	<10	SM18 2130B	9/13/2013 / 1300 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	9/13/2013 / 1307 / JKW

OK
10-1-13
JB

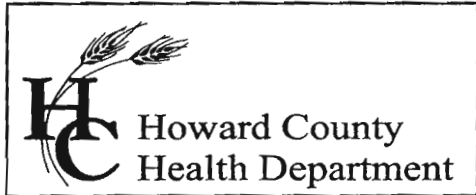
NOTES

- 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 # : B-13001809

Date Reported: 9/13/2013



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 II Subdivison, Lot# 54
Well Tag: HO-95-0699

To Whom It May Concern:

A sample was collected from a yield test July 11, 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 2.7 ± 1.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 2.1 ± 2.1 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

R54BB950699

Sample Bottle No. A: 7 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Riverwood - Lot 54 County: Howard

Sample Source: Hunters View Road Location: HO-95-0699
(well no., lab sink, sample tap, etc.)

County: B 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: Brian Baker Telephone No: (410) 313-2643

Date Collected: 7/11/07 Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

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

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	707077-001	2.7 ± 1.7	7/17/07
✓	Gross Beta	4100		2.1 ± 2.1	
	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: _____

Martin, Sharhonda

From: Tuder, Matt
Sent: Thursday, September 26, 2013 9:42 AM
To: Day, Lori; Scott, Heidi
Cc: Pickett, Tom; Hart, Amy; Rocco, Anthony; Baker, Brian; Wolf, Kevin; Martin, Sharhonda; Tuder, Matt; Williams, Jeffrey; Vanderveer, Shaun
Subject: U&O Release 11012 Hunters View Road

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

Riverwood, Contract 50-4287-D
Winchester Homes, Lot #55
11012 Hunters View Road
Ellicott, 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 14th lot on the shared septic system at this location.

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