

C1 3828

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 A516084

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11/18/04

Depth of Well 400 (TO NEAREST FOOT) 1/24/05

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-4049

OWNER Winchester Homes STREET OR RFD Hunters View Rd TOWN Sherrill E. H. Hill City SUBDIVISION Riverwood SECTION 1 LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, brown rocky clay, Tan sandstone, brownish/orange rocky clay, Gray mica, Grayish/green mica, Gray mica, Sandstone, Limestone, Sandstone, Gray mica, Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 41 NO. OF POUNDS 4100

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

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

CIRCLE APPROPRIATE LETTER A 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MJD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JUD 127

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

DEPTH (nearest ft.) table with columns 1-3 and rows A-C, H-S, R-E, N. Includes values for HO, 58, 400.

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) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 1 2 PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9

PUMPING RATE (gal. per min.) 15 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 29 17 20 ft. WHEN PUMPING 72 22 25 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 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

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 9712

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520762

STATE PERMIT NUMBER

HO - 94 - 4049 fill in this form completely

Date Received (APA)

OWNER INFORMATION

9761

B 3

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

Winchester Homes, Inc

15 Last Name Owner First Name 34

6905 Rockledge Drive, Suite 800

36 Street or RFD 55 Bethesda, Md 20817

57 Town 70 State 72 Zip 76

8 COUNTY 21 Riverwood

23 SUBDIVISION 42

SECTION 44 46 1 LOT 48 50 9 Clarksville Ell-cutt City

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, inc.

Firm Name

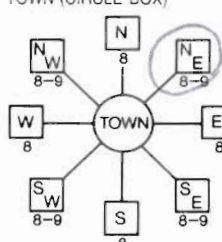
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature George F. Easterday Date 6/28/04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunters View Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 150 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A516084 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/26/04 DATE 10/26/05

43 MM DD YY 48 CO SIGNATURE 829 EXP. DATE

NORTH GRID 514 0 0 0 EAST GRID 829 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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
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 20040007

PERMIT No. HO 94 - 4049

SPECIAL CONDITIONS

CLARKSVILLE 108

Age \_\_\_\_\_ of \_\_\_\_\_  
 Date \_\_\_\_\_

11-22-04

Review \_\_\_\_\_

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-4049  
 Location of property (road) Hunters View Rd  
 Subdivision Riverward Lot 9 Block 4 Plat 29 Sec. 1  
 Well Driller Eastday Owner Winchester

Depth of well 200 409pm  
 Distance of measuring point (M.P.) above ground 1 FT  
 Static water level (S.W.L.) below M.P. 29 FT

**I. High rate pumping -- reservoir drawdown**

Time pump started 9:30 Pumping rate 15gpm  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	29ft	4sec	Pump set 180'	15gpm
9:45	60ft	4sec		15gpm
10:00	62ft	4sec		15gpm
10:15	64ft	4sec		15gpm
10:30	67ft	4sec		15gpm
10:45	68ft	4sec		15gpm
11:00	69ft	4sec		15gpm
11:15	69ft	4sec		15gpm
11:30	70ft	4sec		15gpm
11:45	71ft	4sec		15gpm
12:00	72ft	4sec		15gpm
12:15	72ft	4sec		15gpm
12:30	72ft	4sec		15gpm



Fixed 9/10/07

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 WATER SVC Telephone #: 301-554-1333  
Address: PO 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# PI 0145

\*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: Winchester Telephone #: 301-863-4800  
Subdivision: Camberley - RIVERWOOD Lot #: 9 Well Tag #: HO-99-4649  
Site Address: 110832 HUNTER VIEW RD  
ELICOTT CITY

Submersible Pump Data

Make: GRUND FOS  
Model #: 1550E10-250  
Pump Capacity 15 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: BIL  
Model #: PA100  
Depth: 42' (36" min)  
NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 400 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Aqua-Vet  
PSI: 160 (160 psi min),  
Depth of supply line: 42 (36" min)

House Connection

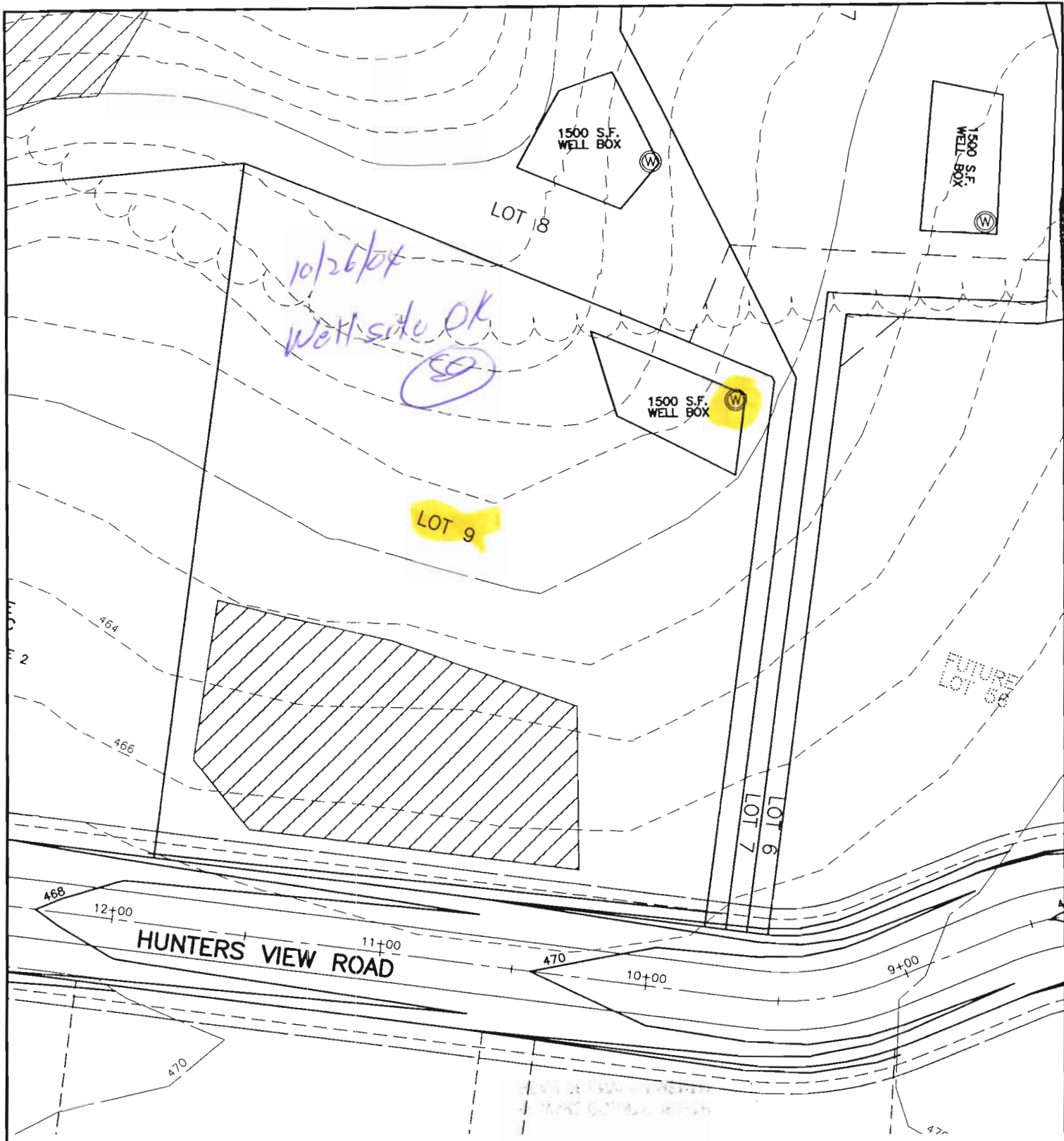
PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5'  
Sleeve caulked and sealed properly: YES

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

D. Rycke  
Signature of company representative responsible for installation      9-10-07  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/12/07 Inspector: BB  
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 seen outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



RECEIVED  
 OCT 12 2004  
 CIVIL ENGINEERING

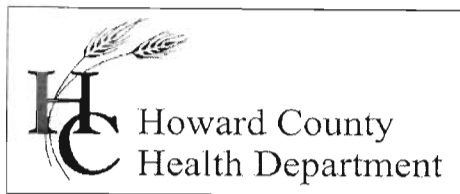
RIVERWOOD

LOT 9

**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 10/12/04

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644



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

December 7, 2007

Camberley Homes  
6905 Rockledge Drive, # 800  
Bethesda, MD 20817

RE: Riverwood I, Lot 9  
11032 Hunters View Road  
Ellicott City, MD 21042  
BP #: B07000311  
Well Permit # HO-94-4049

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/10/2007. Final approval of the well line connection to the dwelling was approved on 10/12/2007.**

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 water sample results were found to be in compliance with COMAR water quality standards.

Also, pre treatment Radium 226/228 samples were collected on 10/18/2007. Both findings were below the combined 226/228 MCL of 5pCi/l. At the time of the 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 and Occupancy.

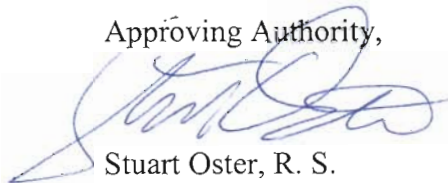
#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4049. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

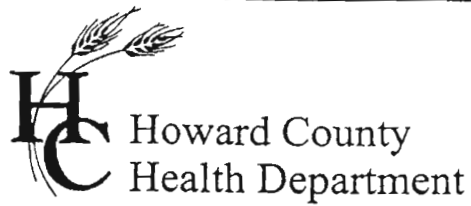
Date of Water Samples: 05/15/2007 & 09/11/2007  
10/18/2007 (TESTING of Radium 226/228)  
Date of Well Completion: 11/18/2004

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

**ATTENTION WELL DRILLERS!!!**

When submitting a well application for a new or replacement well, please indicate ~~one~~ of the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Winchester Homes*

*Lots*

*1-10*

*Phase I*

*12-23*

*Riverwood*

*34-41*

*All are staked*

## CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.  
Maryland**

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: tracelab@connxt.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
National Water Service  
PO Box 138  
Ashton, Maryland 20861

**S/O Number:** 63453  
**Report Date:** May 16, 2007

**Property Sampled:** Hunter's View Road

**County:** Howard  
**Subdivision:** Riverwood  
**Lot #:** 9  
**Building Permit #:** Not Provided  
**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** May 15, 2007 at 10:35 am  
**Date/Time Received:** May 15, 2007 at 3:15 pm

**Sample Location:** Pump  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** N/A – Pump Test  
**Well Condition:** N/A – Pump Test

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.3mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	62 NTU	EPA 180.1	10 NTU	HIGH
pH	6.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

**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 #:	65084	Account #:	3123
Reference:	Riverwood Lot 9	Company:	National Water Servicing
Location:	10032 Hunter's View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/Time Collected:	9/11/2007 0950	Source:	Well Water
Date/Time Rec'd:	9/11/2007 1243	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	6.7
		Well #:	HO-94-4049

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/12/2007 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/12/2007 / 0800 / AD/BD
Nitrate	<1.0	mg/l.	10	601	9/12/2007 / 1345 / AD/BD
Turbidity	2.54	NTU	<10	SM18 2130B	9/12/2007 / 0950 / AD/BD
Sand	NS	mg/l.	5	Visual/Gravimct	9/12/2007 / 0950 / AD/BD

**NOTES**

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

Reason for Test : Use &amp; Occupancy

Building Permit # : 07000311

Date Reported: 9/12/2007

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 845-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	65552	Account #:	3123
Reference:	Riverwood Lot 9	Company:	National Water Servicing
Location:	10032 Hunter's View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/18/2007 0800	Source:	Well Water
Date/Time Rec'd:	10/18/2007 1132	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/Neutralizer/Softener
Collected By:	J.Yeager 6176JY	pH:	6.5
		Well #:	HO-94-4049

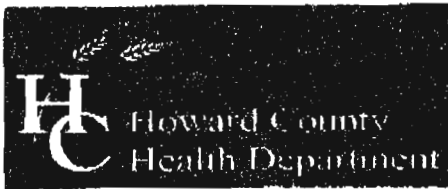
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	-0.01	pCi/L	****	Georgia Tech	11/28/2007 / ---- / GPL
Radium-228	0.98	pCi/L	****	Georgia Tech	11/28/2007 / ---- / GPL

**NOTES**

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 MDA= Minimum Detection Activity
- 3 pCi/L = picocuries per liter
- 4 Radium 226: MDA 2.4 pCi/L
- 5 Radium 228: MDA 3.4 pCi/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sub-contracted to Lab #110
- 8 The compound was analyzed for but not detected at or above the reporting limit.
- 9 ND:None Detected
- 10 Visual well check: Sealed, vented cap
- 11 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : 07000311

Date Reported: 11/30/2007



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(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

Temporary Radium Agreement

A review of records indicates that required sampling for **Gross Alpha & Gross Beta** was not performed during the well yield test for 11032 HUNTER VIEW RD

(RIVER WOOD LOT 9)

Properties not tested or initially found to have an elevated **Gross Alpha** and/or **Gross Beta**, are required to have appropriate treatment installed and additional testing performed.

Pre- or post-treatment sampling for **Gross Alpha**, **Gross Beta** and **Radium** was conducted on 10-18- 2007 and the **Radium** sample results are pending.

Since all other sampling, construction and inspection requirements have been satisfied, an **Initial Certificate of Potability (ICOP)** will be issued with the following addendum and agreement:

If the results for the initial **Gross Alpha**, **Gross Beta** and **Radium** are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the **Final Certificate of Potability (FCOP)**.

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the **Gross Alpha**, **Gross Beta** and **Radium** results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the **FCOP**.

The undersigned have read and agreed with the provisions as established above.

[Signature] 10-19-07  
Owner Date

[Signature] 10-19-07  
Builder/Representative Date

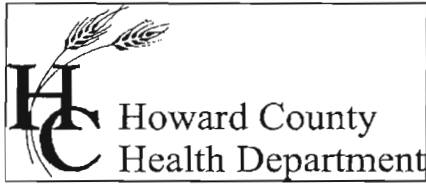
[Signature] 10/19/07  
Health Department Representative Date

OK'd to issue - settlement 10/26/07

Call when  
SCOP is ready  
They need final  
BLDG. IWSP - CT.  
APPROVAL AS WELL  
TO PROCEED.

10/10/11

10/10/11 11:00 AM - 11:30 AM - 11:30 AM



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

October 19, 2007

Homeowner  
11032 Hunters View Road  
Ellicott City, MD 21042

RE: Riverwood I, Lot 9  
11032 Hunters View Road  
Ellicott City, MD 21042  
BP #: B07000311  
Well Permit # HO-94-4049

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/10/2007. Final approval of the well line connection to the dwelling was approved on 10/12/2007.**

This is a Temporary Deviation to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of the second sampling and are bacteriologically safe for drinking. The nitrates and sand levels were acceptable. The turbidity sample results were previously documented to be 62.0 NTUs on 05/15/2007. A treatment device **has** been installed to treat the excessive turbidity, and is functioning properly as evidenced by water test results of 2.54 NTU in a sample obtained on 09/11/2007. The water sample results were found to be in compliance with COMAR water quality standards.

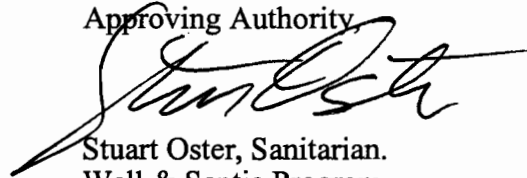
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4049. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

Date of Water Samples: 05/15/2007 & 09/11/2007

**PENDING RADIUM TESTING**

Date of Well Completion: 11/18/2004

Approving Authority

A handwritten signature in black ink, appearing to read "Stuart Oster", written over the printed name.

Stuart Oster, Sanitarian.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File