

C1 4672

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER P 47666

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

Review OK 3/21/92 CW

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 010992

22 200 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 H0-55-2010

OWNER FOWLER, SYLVIA last name 13217 COUNTRY CLUB ROAD first name TOWN HIGHLAND STREET OR RFD TAXMAP 40 Parcel 63 SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: TOP SOIL (0-2), Clay (2-6), Shale (6-15), Shale & Clay (15-30), Sand silt & Clay (30-45), Sand Stone (45-64), Mica (64-78), Sand Stone (78-82), Mica (82-84), Sand Stone (84-90), Mica (90-135), Flint (135-138), Mica (138-200).

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 16 NO. OF POUNDS 1600 GALLONS OF WATER 80 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 75

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) H0 73 200

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 IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Charles L. Miller

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

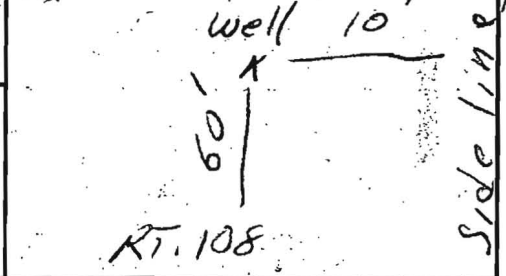
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 79 WHEN PUMPING 290 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 WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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)



**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 #: \_\_\_\_\_ Well Tag #: HO - 88-2010  
Site Address: 13212 Clarksville Pike

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**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: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)      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: \_\_\_\_\_  
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

*11/25/2014*  
*Cap Cracked - O Ring*  
*Below Cap*  
*Bolts*

*3/10/15*  
*Cap cracked,*  
*O-ring out of place*  
*SC*

**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: Fogles Well Drilling LLC Telephone #: 410-795-5070  
Address: J PO Box 202 J  
Woodbine, MD

(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 C Fogle License# MSP 226

\*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: Michael Song Telephone #: 240-447-5822  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-46-2010  
Site Address: 13212 Clarksville Pike  
Highland, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>75B05422C</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>205</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, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adaptor or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve 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: David Fogle date: 11-24-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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 \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO RADIUM STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: MARCH 11, 2015 WELL PERMIT #: HO-88-2010
PROPERTY OWNER: MICHAEL SOONG
SUBDIVISION & LOT #:
PROPERTY ADDRESS: 13212 CLARKVILLE PIKE, HIGHLAND, MD. 20777

TESTIMONIAL: Steps that will be taken, or that have already been taken, by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within forty-five (45) days. If post-treatment water samples have been taken, state the specific analyses that will be reported in results, e.g. Gross Alpha and Gross Beta and/or Radium.

CONDITIONS:

- 1) Within forty-five (45) days, the well installed under permit # HO-88-2010 will be documented to have Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) at the primary drinking tap as a result of installation of a water softener system, or at the reverse osmosis tap.
2) If the radium condition cannot be remediated to a level of Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) via installation of a water softener treatment or reverse osmosis system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Forty-five Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit #HO-88-2010. 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 radium removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Handwritten signature of Michael Soong]

[Handwritten initials KMS in a circle]

Prospective Owner's Day Time Phone Number(s)

240-447-9822 (cell)

## Wolf, Kevin

---

**From:** msoong@comcast.net  
**Sent:** Wednesday, March 11, 2015 2:20 PM  
**To:** Wolf, Kevin  
**Cc:** Erika Xu; Xu, Erika  
**Subject:** Re: 13212 Clarksville Pike  
**Attachments:** Health Dept Additional Water Tests.pdf

Kevin,

Thank you for your quick response. Please find attached signed form for your use. Fountain Valley will be on site to collect water sample tomorrow morning to test Gross Alpha and Beta. The results will be available after seven business days.

Folge is on site to repair well cap and bolt today and they will call you for an inspection.

Best regards,  
Michael

---

**From:** "Kevin Wolf" <KWolf@howardcountymd.gov>  
**To:** msoong@comcast.net  
**Cc:** "Erika Xu" <erikaxu@comcast.net>, "Erika Xu" <rui\_xu@cable.comcast.com>  
**Sent:** Wednesday, March 11, 2015 1:58:20 PM  
**Subject:** RE: 13212 Clarksville Pike

See comments in Red below..

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**From:** msoong@comcast.net [mailto:msoong@comcast.net]  
**Sent:** Wednesday, March 11, 2015 1:32 PM  
**To:** Wolf, Kevin  
**Cc:** Erika Xu; Xu, Erika  
**Subject:** Re: 13212 Clarksville Pike

Kevin,

We just want to confirm the following and have few questions.

1. We need to sign the attached form for you to issue a conditional ICOP to building inspector so he can issue the User and Occupancy permit.

Yes, please sign the attached form and send back to me so I can release your ICOP to Permits office. This lets you know as the homeowner that there is a potential for elevated Radium Levels in your well water.

2. We need to test Gross Alpha Short Term/Long Term, Gross Beta Short Term/Long Term and Radium 226/228 in addition to the water test we have done. Are there any other items needed to be tested?

You need to test for Gross Alpha/Beta Short term only. This test analysis gives us the recognizable parameters related to the radioactive material that 'may' exist in your well water.

3. The attached form give us 45 days to install water treatment mechanism to bring the Gross Alpha, Beta and Radium level down if test results are elevated. What happen to your conditional ICOP?

If results come back elevated and treatment must be installed, then we will change the ICOP to state a Permanent Deviation to the required code requirement for Radium under the ICOP.

4. If our water test of Gross Alpha, Beta and Radium is within normal level, then we do not have to do anything. What happens to your conditional ICOP?

If the initial Gross Alpha/Beta Short Term results come back below the maximum containment levels per EPA Guidance listed, the ICOP issued now will remain the same. Nothing further is needed/required.

5. Another agreement with Land and Records is needed only if we install some kind of water treatment equipment. And I assume you would need a copy of that too, is that correct? If we are not to install any water treatment equipment, then do we still need this agreement because we are within the Radium area or we do not need this agreement?

Correct. You will only need the agreement form if the initial Gross Alpha/Beta Short Term results come back elevated. I have not yet given you this form due to the fact that we do not know the actual results yet. We will get there if we need to.

Thank you for your immediate attention to this matter.

Michael

---

**From:** "Kevin Wolf" <KWolf@howardcountymd.gov>  
**To:** [msoong@comcast.net](mailto:msoong@comcast.net)  
**Sent:** Wednesday, March 11, 2015 12:43:52 PM  
**Subject:** RE: 13212 Clarksville Pike

Mr. Soong,

I am in regret that I forgot to mention important information regarding your well water quality. Your well is located in the Radium Area within the State of Maryland and will require further testing to evaluate the levels of Radioactive nucleotides. Please see the copied link to an informational fact sheet on our website. This document elaborates in more detail explaining radium in your well

water. <http://www.howardcountymd.gov/DisplayPrimary.aspx?id=4294969361>

Moving forward: I can issue a temporary deviation to your Interim Certificate of Potability (ICOP) to allow time for this testing to occur. Please fill out the attached request for temporary deviation to Radium form and submit back to. In the meantime, at a minimum, you will need to test for the following parameters:

- Gross Alpha Short Term
- Gross Beta Short Term

Please be aware that if these results come back elevated, you will need to install a pretreatment device (i.e. reverse osmosis, water softener, etc) on your well water system. Post treated sampling must occur also to make sure the treatment system is functioning properly. The following parameters must be sampled after treatment if initial results come back elevated:

- Gross Alpha Short Term/Long Term
- Gross Beta Short term/Long Term
- Radium 226/228

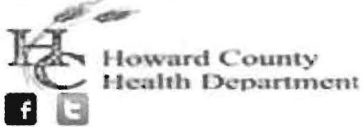
There is also another agreement form you will record with Land Records that states your understanding of maintaining a conditioning equipment for the high levels of Radium.

Once I receive the completed form attached, I can move forward with your ICOP. Let me know if you have any questions. Again, sorry for the inconvenience.

Thanks,

*Kevin M. Wolf*, EHS Supervisor  
Groundwater Mgmt. Sec.  
Well & Septic Program  
Bureau of Environmental Health

8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2645  
(f) 410-313-2648



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---

**From:** [msoong@comcast.net](mailto:msoong@comcast.net) [<mailto:msoong@comcast.net>]  
**Sent:** Tuesday, March 10, 2015 4:55 PM  
**To:** Wolf, Kevin  
**Cc:** Erika Xu; Xu, Erika  
**Subject:** Re: 13212 Clarksville Pike

Mr. Wolf.

Thank you for your e-mail. We will provide related documentation to you shortly.

Thanks,  
Michael

---

**From:** "Kevin Wolf" <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>  
**To:** [msoong@comcast.net](mailto:msoong@comcast.net)  
**Sent:** Tuesday, March 10, 2015 4:00:32 PM  
**Subject:** 13212 Clarksville Pike

Mr. Soong,

We are in review of your property file in relation to the Interim Certificate of Potability (ICOP) we release in order to get your Use and Occupancy. Please be advised of the following missing items that need to be submitted/corrected prior to release if the ICOP:

1. We need a copy of the recorded Operations and Maintenance agreement for the BAT unit installed on your property. We have a dated receipt from Land Records but no copy of the O&M agreement.
2. Our records show your that an inspection made on your well for the well line installation reported the well cap was broken and a bolt missing. This will need to be repaired and called back in for re-inspection. I will let Fogle's know of this also.

Let me know if you have any questions regarding this.

Thanks,

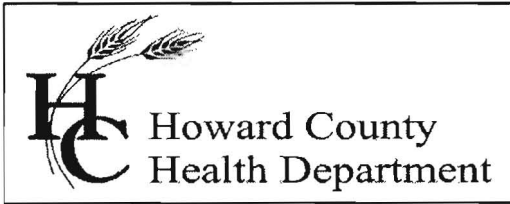
*Kevin M. Wolf*, EHS Supervisor

Groundwater Mgmt. Sec.  
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## Bureau of Environmental Health

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Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 3, 2015

June 3, 2015

Homeowner  
13212 Clarksville Pike  
Highland, MD 20777

**RE: Soong Residence**  
**13212 Clarksville Pike**  
**Building Permit: B14000175**  
**Well Permit: HO-88-2010**

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 **3/2/2015**. Final approval of the well line connection to the dwelling was granted on **3/12/2015**. The well construction was completed on **1/9/1992**. Water samples were collected on **2/26/2015**.

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 **3/12/2015**. Results showed a Gross Alpha level of **1.7 ± 0 pCi/L** and **Gross Beta** level of **6.4 ± 0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-88-2010. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

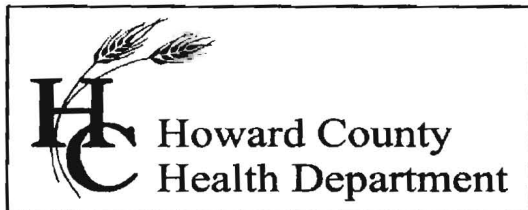
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", with a long horizontal flourish extending to the right.

Kevin M Wolf, LEHS  
EHS Supervisor  
Well & Septic Program

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



**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21045  
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Twitter: HowardCoHealthDep

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

---

TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR RADIUM**

**Expiration Date – APRIL 28, 2015**

March 13, 2015

Michael Soong  
13212 Clarksville Pike  
Highland, MD 20777

**RE: Soong Residence  
13212 Clarksville Pike  
Building Permit: B14000175  
Well Permit: HO-88-2010**

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 **3/2/2015**. Final approval of the well line connection to the dwelling was granted on **3/12/2015**. The well construction was completed on **1/9/1992**. Water samples were collected on **2/26/2015**.

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.

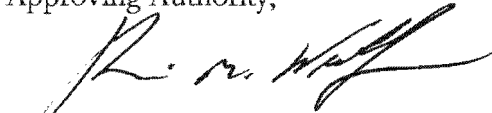
This is a **temporary deviation** to allow additional time for testing your well water system for Radium. Submission of water sample results must be obtained by Health Department within the allowed 45 day period for the Interim Certificate of Potability

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for short term gross alpha/beta are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide levels meet a Gross Alpha level of less than **15 pCi/L**, and a Gross Beta level of less than **50 pCi/L**.

**This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date 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 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,



Kevin M. Wolf, EHS Supervisor  
Environmental Health Specialist  
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 #:	99372	Account #:	20352
Reference:	Michael Soong	Company:	CASH ACCOUNT
Location:	13212 Clarksville Pike Highland, MD 20777	Requested By:	Michael Soong
Date/ Time Collected:	3/12/2015 0954	Source:	Well Water
Date/Time Rec'd:	3/12/2015 1248	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 4269RO	pH:	6.8
		Well #:	HO-88-2010

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	1.7	pCi/L	15	900.0	3/17/2015 / 1316 / MJN
Gross Beta, Short Term	6.4	pCi/L	50	900.0	3/17/2015 / 1316 / MJN

### NOTES

- 1 pCi/L = picocuries per liter
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Short Term Gross Alpha Detection Limit: 1.4 pCi/L; Short Term Gross Beta Detection Limit: 2.1 pCi/L
- 4 Sub-contracted to Reference Lab #278
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B14000175

Date Reported: 3/19/2015

# 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 #: 99241 Account #: 20352  
Reference: Michael Soong Company: CASH ACCOUNT  
Location: 13212 Clarksville Pike Requested By: Michael Soong  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 2/26/2015 1113 Site: Pressure Tank  
Date/Time Rec'd: 2/26/2015 1448 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: R. Ott 4269RO Well #: HO-88-2010

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/27/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/27/2015 / 1000 / LLO
Nitrate	1.49	mg/L	10	601	2/26/2015 / 1600 / BCD
Turbidity	7.56	NTU	<10	SM18 2130B	2/26/2015 / 1600 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/26/2015 / 1600 / BCD

3/10/15  
OK  
Kman

### 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B14000175

Date Reported: 2/27/2015