

C1 26083

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Legends Builders WELL SITE ADDRESS 310 1/2 BROOKWOOD FARM FIRST TOWN FULTON SUBDIVISION BROOKWOOD FARMS SECTION LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 500

GALLONS OF WATER 230

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 76 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE 5T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

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

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

1 HO 89 600 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

DIAMETER OF SCREEN (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

C 3

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 44 ft.

WHEN PUMPING 211 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 (nearest foot)

LATITUDE 39.150998 LONGITUDE 76.939290 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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. 1 MWD 040 DRILLERS SIGNATURE George F. Rostovsky

LIC. NO. 1 JSD 038

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

<b>B 1</b>	<b>30799</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 536507 please type	STATE PERMIT NUMBER <b>HO - 15 - 0105</b> 70 fill in this form completely 79
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**OWNER INFORMATION** 13121

Date Received (APA) 0630/15  
8 MM DD YY 13

**LEGENDS BUILDERS INC**

15 Last Name Owner First Name 34  
**P. O. BOX 511**

36 Street or RFD 55  
**BURTONSVILLE, MD 20866**

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL CC#

Howard COUNTY 21

Brookwood Farms SUBDIVISION 42

SECTION 44 46 LOT 48 50  
*Pres. Parcel "A"*

Fulton NEAREST TOWN 71

**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

George F. Easterday 6/25/2015  
Signature Date

**B 4** SOURCES OF DRILLING WATER

1. wells 11 STREET ADDRESS 30  
8110 Brookwood Farm Road

2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

3.  NORTH  WEST  EAST  SOUTH

34 900 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

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

Howard COUNTY NAME A47872 COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 07/28/2015 43 MM DD YY 48 CO SIGNATURE RRT EXP. DATE 7/28/16 41

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 DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

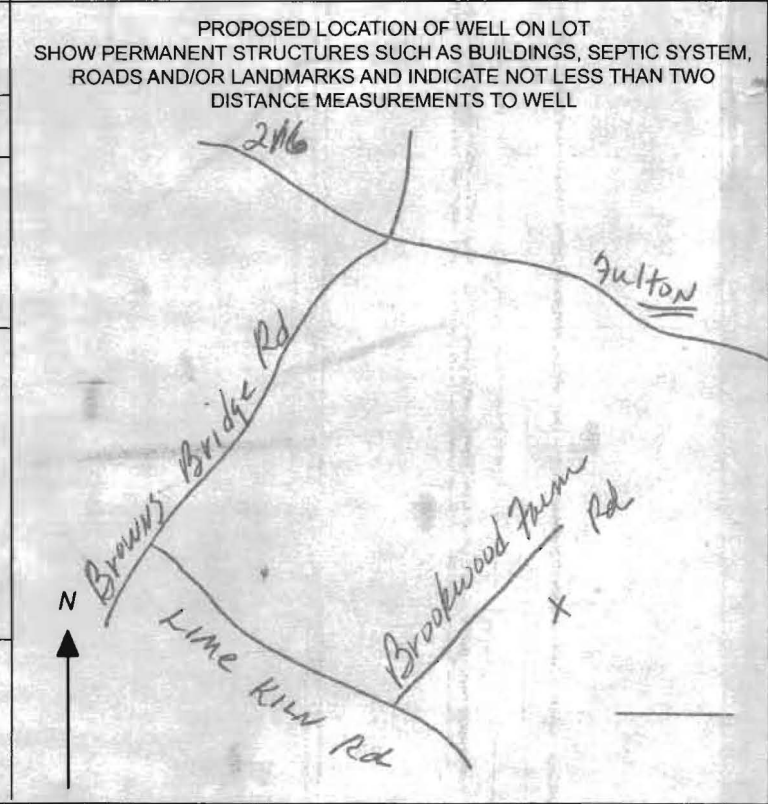
THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. HO - 15 - 0105  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  Radium sample required @ yield test.





**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: A R Crowell Plumbing Telephone #: 443-871-2091  
Address: 906 Montasney Rd  
Lanier MD 20794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Robert Crowell License# MOST 8980

**\*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: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0105 ✓  
Site Address: 8116 Brookwood Farm Road  
Fulton MD 20758

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American</u>	Two piece watertight cap: _____
Model #: <u>DST-152-5 Plus-P4</u>	Model #: <u>PT800-2</u>	Screened, vented well cap: _____
Pump Capacity: <u>1.5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>6</u> GPM	NSF/WSC approved: <u>Yes</u>	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: <u>POTY 200PSI IPS</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>✓</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.**

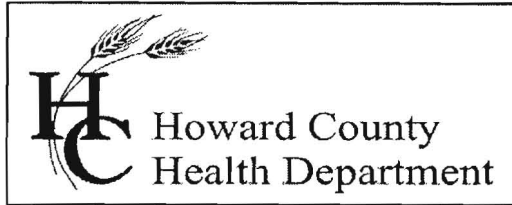
Signature of company representative responsible for installation: \_\_\_\_\_ date: 8-4-16

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

Date Insp. Requested: 8/8/16 Date Insp. Approved: 8/8/16 Inspector: KW

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

*Pump set to 525'*



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 1, 2017

September 1, 2016

Homeowner  
8110 Brookwood Farm Road  
Fulton, MD 20759

**RE: Brookwood Farms, Lot 1  
8110 Brookwood Farm Road  
Building Permit: B15003508  
Well Permit: HO-15-0105**

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 **8/26/2016**. Final approval of the well line connection to the dwelling was granted on **8/8/2016**. The well construction was completed on **1/12/2016**. Water samples were collected on **8/25/2016**.

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 **1/13/2016**. Results showed a Gross Alpha level of **6.9 ± 1.7 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 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-15-0105. 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environment's website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

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

8/25/16

8110 Brookwood Farm Road

Current status of well. We already approved the well line and saw the cap attached and safety rope inside. ICOP sample collected today, according to the builder. Need to reshock?

Check well before issuing ICOP. (SC)



Also check fill over trenches - big dirt pile as of 8/25/16.



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3026 Venture Court • P.O. BOX 245 • Myeraville, MD 21773 • 800-332-3340 • FAX 301-293-2868  
 www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 9234 - 4-1

### Field Record

Site visit performed on: Thursday, August 25, 2016 11:20 AM  
 by: Wayne Dunkley State ID No. 4362WD  
 Affiliation: Fredericktowne Labs, Inc.  
 Property Owner: Legends Builders  
 Property Address: 8110 Brookwood Farms Road  
 Fulton, MD  
 Sample Source: Pressure Tank  
 Well No.: HO-15-0105  
 Field pH: 8.2  
 Free Res. Cl.: <0.1 mg/l

### Laboratory Report

Sample Received at laboratory: 8/25/2016 2:20 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli./(/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	08/25/16	14:55	08/26/16	08:58	9223B	JD

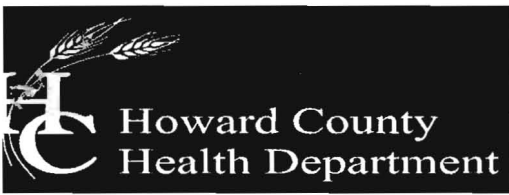
Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	<0.2 mg/l	10	8/25/2016	300.0	PH
Sand	<2 mg/l	5	8/26/2016	0.065mmFilter	JD
Turbidity	0.7 NTU'	10	8/25/2016	180.1	KB

Reported by: Edith Millett 8/29/16  
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
 Maryland Cert. No. 116 Virginia Cert. No. 00444  
 MDOT WBE Cert. No.: 91-158



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

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

Maura Rossman, M.D., Health Officer

April 4, 2016

Legends Builders, Inc.  
P.O. Box 511  
Burtonsville, Maryland 20866

RE: P. A.  
8110 Brookwood Farm Road  
Fulton, Maryland 20759  
Well Tag: HO – 15- 0105

To Whom it May Concern:

A sample was collected during a yield test on January 13, 2016 and submitted to the Department of Health & 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. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $6.9 \pm 1.7$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $< 4.0 \pm 0.0$  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 targeted 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 is within EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: Bert Nixon  
 Howard Co Health Dept.  
 Bureau of Env Health  
 8930 Stanford Blvd.  
 Columbia, MD 21045

State of Maryland  
 DHMH - Laboratories Administration  
 Division of Environmental Chemistry  
**RADIATION LABORATORY**  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205

Lab No.  
 E001204 5132

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: Field Blank County: Howard

Sample Source: dH<sub>2</sub>O Location: HCHD Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 1/13/16 Time Collected: 11:45 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: \_\_\_\_\_

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1204	EPA900.0	< 2.0	01/14/16	JT	01/14/16
<input checked="" type="checkbox"/> Gross Beta	4100	1204	EPA900.0	24.0	01/14/16	JT	01/14/16
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 01/13/16 Received By: In S.  
 Data Release Signature: Deborah Miller - JTC Date: 1/15/16

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO: Bert Nixon  
 Howard Co. Health Dept.  
 Bureau of Env. Health  
 2930 Stamford Blvd.  
 Columbia, MD 21045

State of Maryland  
 DHMH - Laboratories Administration  
 Division of Environmental Chemistry  
**RADIATION LABORATORY**  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205

05-414938

Lab No.  
 E001205 513

LABORATORY ANALYSIS REQUEST FORM

PAR A.

Plant/Site Name: 8110 Brookwood Farm Rd. County: Howard

Sample Source: Fulton MD 20759 Location: HU-15-0105

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 113 Plant No. 

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CHECK (one per Box)

Type	Service	Point of Collection	Testing
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Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: 

--	--

 Federal Project: 5

Collector: S. Collins Telephone No.: 410-33-6287

Date Collected: 1/13/16 Time Collected: 11 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken during yield

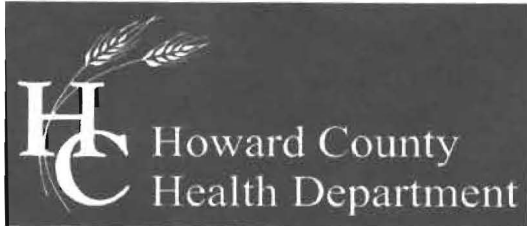
TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1205	EPA9000-D	6.9 ± 1.7	01/14/16	JT	01/15/16
<input checked="" type="checkbox"/> Gross Beta	4100	1205	EPA9000-D	< 4.0	01/14/16	JT	01/15/16
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 01/13/16 Received By: In J.

Data Release Signature: Diana Miller-Jones Date: 1/15/16

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH < 2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

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

**Dr. Maura J. Rossman, M.D., 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:

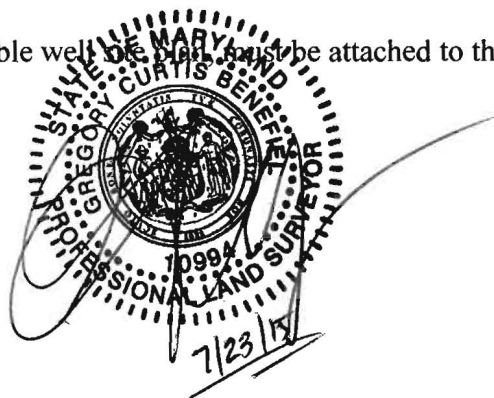
Brookwood Farms      "A"      Brookwood Farm Road  
Subdivision/Property Name      Lot#      Road Name  
Parcel

The well site has been staked by Surveys, Inc  
(professional land surveyor or company employing professional land surveyors)  
on July 23, 2015 (date) and does not require a site inspection.

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.

JUL 23 2015





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

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

Twitter: HowardCoHealthDep

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

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**MEMORANDUM**

TO: George F. Easterday MWD 040

FROM: Ryan Rappaport, LEHS *RR*  
Well & Septic Program

RE: Well Permit: 8110 Brookwood Farm Rd

DATE: July 9, 2015

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After an initial review of the well permit site plan, it's been found that the site plan your office submitted with the permit does not match the Percolation Certification Plan that we have on file for this lot. The most recent Percolation Certification Plan that we have which has been signed by a Health Officer is dated 5/16/94.

The well permit is currently on hold. Please provide either a revised site plan or have a revised/amended Percolation Certification Plan completed and have it submitted to this office for review.

Cc: Legends Builders Inc