

C1 3830

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

AS16084

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY

MM DD YY

22 400 26

6/6/05 40-94-4251

OWNER Winchester last name STREET OR RFD Open Run Rd first name TOWN Charles County E/Port City, MD SUBDIVISION Riverwood SECTION 1 LOT 19

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 include topsoil, reddish/brown rocky clay, Brown rocky clay, tan mica, Brown mica, Brown slate w/quartz, Lime stone, Gray mica, Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement/Bentonite Clay) NO. OF BAGS 40 NO. OF POUNDS 4000 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 90

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST/BR/PL/HO) insert appropriate code below

DEPTH (nearest ft.)

Table for depth measurements with columns for casing and screen diameters.

C 3

PUMPING TEST

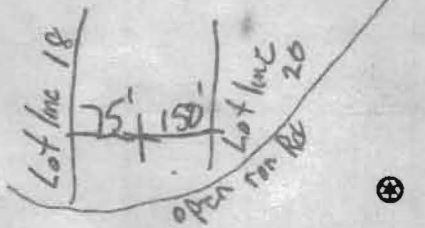
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 56 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above below 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M 44 040 1 DRILLERS SIGNATURE George F. Rustowicz (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J W D 7 2 2 1

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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 9721

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4051

520762 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION 9770

Winchester Homes, Inc
6905 Rockledge Drive, Suite 800
Bethesda, Md 20817

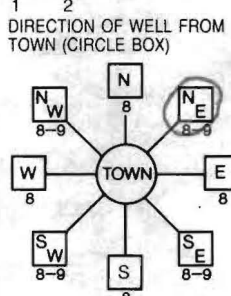
LOCATION OF WELL

Howard Riverwood
23 SUBDIVISION 19
SECTION 44 46 LOT 48 50
Clarksville Elliot City
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
George F. Easterday 6/28/04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run Road

NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD Ft. 300
ENTER FT OR MI
TAX MAP: 29 BLK: 4 PARCEL 20

WELL INFORMATION

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS16084
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/26/04 CO SIGNATURE 10/26/05
NORTH GRID 516 000 EAST GRID 828 000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

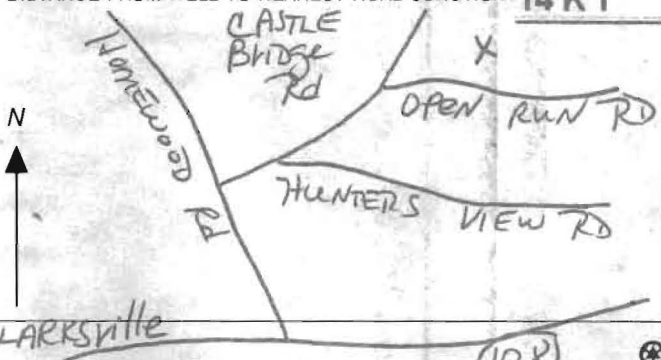
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEAN AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. wells

WRITE THE BOX NUMBER FROM THE MAP HERE
E 828 516
N 828 516

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



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

APPROX. PERMIT NUMBER HO 2004G007
PERMIT No. HO-94-4051

SPECIAL CONDITIONS





Feb 27 04 11:03a

HO CO FNV HFRI TH

14103132648

P.1

**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 #: 301-854-1333  
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 HOMES Telephone #: \_\_\_\_\_  
Subdivision: RIVERWOOD Lot #: 19 Well Tag #: HO-94-5041  
Site Address: 1200 OPEN RD.  
ELICOTT CITY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JOHN CRUICKSHANK</u>	Make: <u>BTT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>FA100 15 SQS 10-250</u>	Model #: <u>FA100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSP/WSC approved: _____	Conduit min 18" B.G. <u>40</u>
Depth of well encountered at time of pump installation: <u>100</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, 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>		

Piping to house      House Connection  
Type: PVC 1/2" AQUA JET      PVC sleeve to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min)      Approximate length of sleeve: 5'  
Depth of supply line: 40 (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: 10/26/07

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 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 \_\_\_\_\_

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 2203 PATRICK DR SUKESVILLE 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): Chris Willoughby License #: 6992

\*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: WILLIAM KEITHOTT Telephone #: 410-442-2321
Subdivision: Lot #: Well Tag #: HO
Site Address: 3042 SHARP RD WINDWOOD MD 21738

Submersible Pump Data: Make: JACUZZI Model #: Pump Capacity: 17 GPM Well Yield: 15 GPM
Pitless Adapter: Make: HARVARD Model #: Depth: 48" (36" min) NSF approved:
Well Cap and Electric Conduit: Two piece watertight cap: [checked] Screened, vented well cap: [checked] Cap secured to casing: [checked] Conduit min 1 1/2" B.G.: [checked] Conduit secured to well cap: [checked]
Depth of well encountered at time of pump installation: ND (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

State 241

Piping to house: Type: PRESTIGE PSI: 11 (160 psi min) Depth of supply line: [checked] (36" min)
House Connection: PVC sleeved to undisturbed soil at well penetration: [checked] Approximate length of sleeve: 10 Sleeve caulked and sealed properly: [checked]

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: D. Walker date: 10/9/07

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

Date Insp. Requested: Date Insp. Approved: 11/21/07
Inspection Date: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grouth observed below pitless adapter [checked]



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 12060 OPEN RUN Rd.

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 10-30-2007 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] \_\_\_\_\_ 11/15/07  
 Owner Date

\_\_\_\_\_  
 Owner Date  
[Signature] \_\_\_\_\_ 11/15/07  
 Builder/Representative Date

\_\_\_\_\_  
 Health Department Representative Date



Howard County  
Health Department

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*

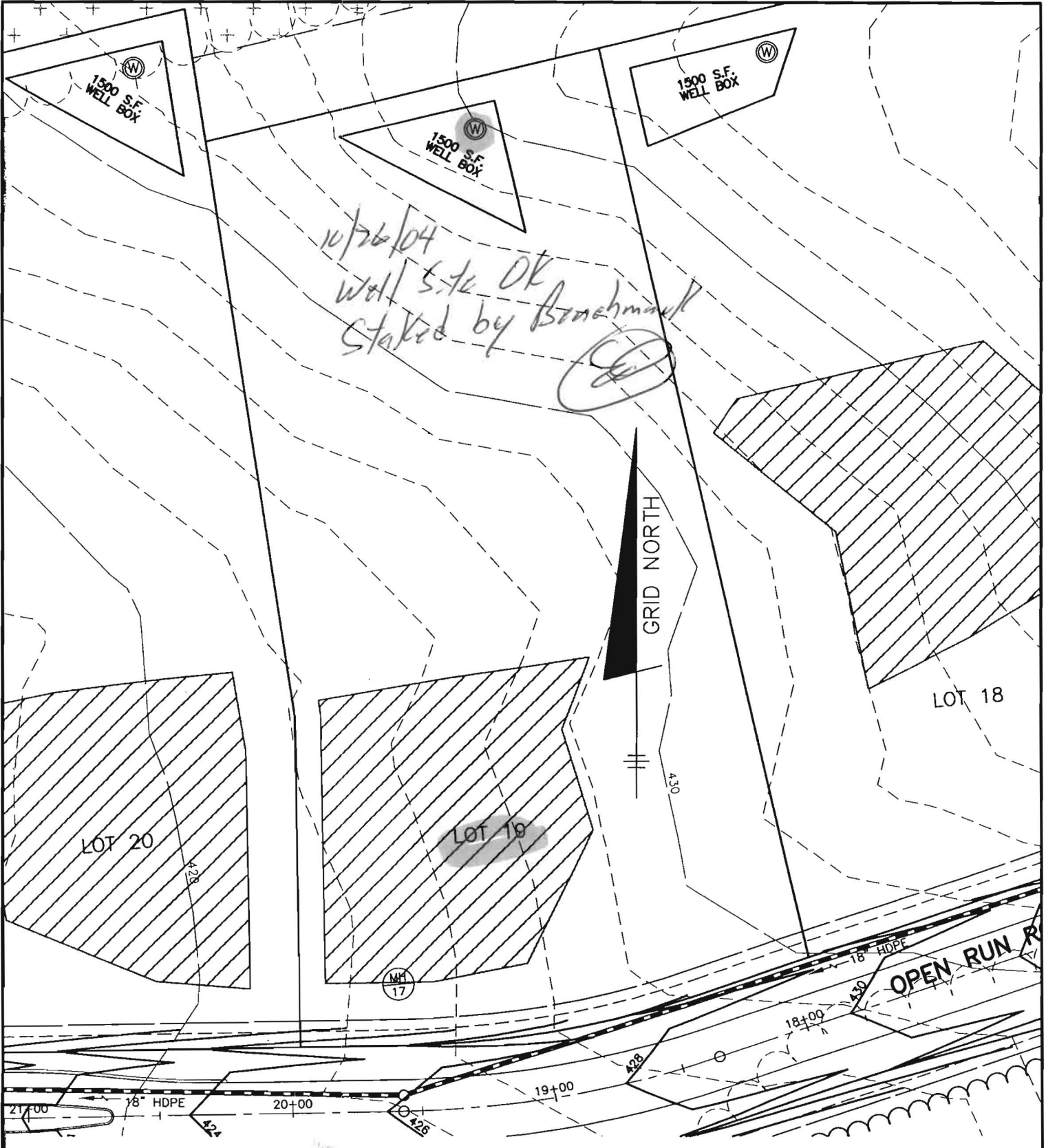
*12-23*

*Riverwood*

*34-41*

*All are staked*

10/26/04  
Well s.t.c OK  
Staked by Benchmark



RIVERWOOD

LOT 19

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

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

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

**CERTIFICATE OF ANALYSIS**



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

**S/O Number:** 66044  
**Report Date:** November 12, 2007

**Property Sampled:** 12060 Open Run Road

**County:** Howard  
**Subdivision:** Riverwood  
**Lot #:** 19  
**Building Permit #:** Not Provided  
**Tax Map #:** 29  
**Parcel #:** 20

**Date/Time Collected:** November 9, 2007 at 11:30 am  
**Date/Time Received:** November 9, 2007 at 1:23 pm

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

**Well Tag Number:** HO-94-4051  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Neutralizer, Softener, Sediment Filter, Carbon Filter, Nitrate Removal System

**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@connect.net](mailto:tracelab@connect.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

PARAMETER	RESULT	METHOD	MCL	
Nitrate	1.6 mg/L as N	SM 4500D	10 mg/L as	Pass

*Allison R. Milburn*  
Allison R. Milburn  
Manager-Drinking Water Testing

### CERTIFICATE OF ANALYSIS



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

**S/O Number:** 65850  
**Report Date:** October 29, 2007

**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@comext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Property Sampled:** 12060 Open Run Road

**County:** Howard  
**Subdivision:** Riverwood  
**Lot #:** 19  
**Building Permit #:** Not Provided  
**Tax Map #:** 29  
**Parcel #:** 20

**Date/Time Collected:** October 26, 2007 at 11:27 am  
**Date/Time Received:** October 26, 2007 at 3:00 pm

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

**Well Tag Number:** HO-94-4051  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Nitrate	16.5 mg/L as N	SM 4500D	10 mg/L as	Fail
Turbidity	2.1 NTU	EPA 180.1	10 NTU	Pass
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Kate Carr* FOR  
Allison R. Milburn  
Manager-Drinking Water Testing

# CERTIFICATE OF ANALYSIS



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

**S/O Number:** 63454  
**Report Date:** May 16, 2007

**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@connext.net](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Property Sampled:** Open Run Road

**County:** Howard  
**Subdivision:** Riverwood  
**Lot #:** 19  
**Building Permit #:** Not Provided  
**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** May 15, 2007 at 10:54 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

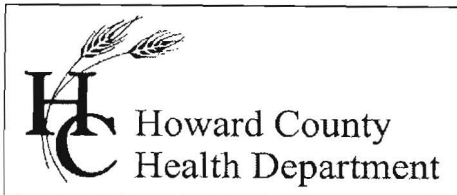
PARAMETER	RESULT	METHOD	MCL/*SMCL	
✓Nitrate	16.4 mg/L as N	SM 4500D	10 mg/L as	HIGH
✓Turbidity	132 NTU	EPA 180.1	10 NTU	HIGH
pH	5.7 Units	EPA 150.1	*6.5-8.5 Units	***
✓Sand	Negative		Negative	
✓Total Coliform	PRESENT	SM 9223B	Absent	Fail
✓E.coli	Absent	SM 9223B	Absent	

*Allison R. Milburn*  
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.



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

November 26, 2007

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

RE: Riverwood I, Lot 19  
12060 Open Run Road  
Ellicott City, MD 21042  
BP #: B07001259  
Well Permit # HO-94-4051

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 10/26/2007.** **Final approval of the well line connection to the dwelling was approved on 11/21/2007.**

### **TEMPORARY DEVIATION**

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. Sand and turbidity levels were acceptable. Nitrates were high, 16.5 mg/L before treatment, 1.6 mg/L with treatment. The water sample results were found to be in compliance with COMAR water quality standards.

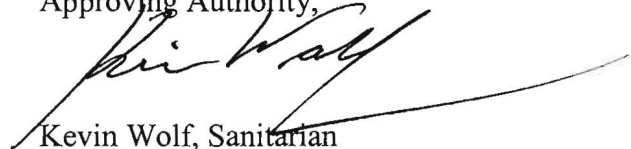
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4051. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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, 10/26/2007 & 11/09/2007

**PENDING RADIUM TESTING**

Date of Well Completion: 04/15/2005

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 143 Old Taneytown Rd. Westminster, MD (410) 876-1019 (410) 876-8554 FAX (410) 846-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	65666	Account #:	3123
Reference:	Riverwood Lot 19	Company:	National Water Servicing
Location:	12060 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/30/2007 1210	Source:	Well Water
Date/Time Rec'd:	10/30/2007 1335	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.0
		Well #:	HO-94-4051

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.6	pCi/L	****	Georgia Tech	12/3/2007 / --- / GPL
Radium-228	2.0	pCi/L	****	Georgia Tech	12/3/2007 / --- / GPL

**NOTES**

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
  - 2 \*\*Sample collected prior to treatment
  - 3 MDA= Minimum Detection Activity
  - 4 pCi/L = picocuries per liter
  - 5 pH tested on-site
  - 6 Radium 226: MDA 2.3 pCi/L
  - 7 Radium 228: MDA 2.8 pCi/L
  - 8 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
  - 9 The compound was analyzed for but not detected at or above the reporting limit.
  - 10 ND:None Detected
  - 11 Visual well check: Sealed, vented cap
  - 12 Subcontracted to Reference Lab #110
- Reason for Test : Use & Occupancy

Date Reported: 12/3/2007