

C1 4094 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

ST/CO USE ONLY
DATE Received
MM DD YY
8 18 14

DATE WELL COMPLETED
8 18 14

Depth of Well
22 500 26
(TO NEAREST FOOT)

09/09/14
OK-WW

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-14 - 005

OWNER MB Highland Reserve
WELL SITE ADDRESS Pleasant Spring Ct. TOWN Highland
SUBDIVISION Regan PRO. SECTION LOT 23

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown shale	0	45	
Grey Limestone	45	136	
White	136	137	✓
Grey Limestone	137	345	
White	345	346	✓
Grey Limestone	346	500	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 20 NO. OF POUNDS 1800
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 54 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 57

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS HOLE
BRONZE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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

DRILLER'S LIC. NO. 1 M S D 009
DRILLER'S SIGNATURE
LIC. NO. 1 D

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

DEPTH (nearest ft.)
1 2 HO 57 500
EACH CASING diameter inch depth (feet) from to
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (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

PUMPING TEST
HOURS PUMPED (nearest hour) 06
PUMPING RATE (gal. per min.) 1
METHOD USED TO MEASURE PUMPING RATE 1966
WATER LEVEL (distance from land surface)
BEFORE PUMPING 14 ft.
WHEN PUMPING 248 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. 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 } LAND SURFACE
- below } 02 (nearest foot)

LATITUDE 39.1810722
LONGITUDE 76.9447250
(DEFAULT COORD. WGS 84)

NOTES:

B 1 20794
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-14-0015
70 fill in this form completely 79

546306-0 please type

Date Received (APA)
04/10/14

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76
MB Highland Reserve LLC
1686 E. Bode Dr
Rockville md 20850

B 3

LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 23 48 50
52 NEAREST TOWN 71
Howard
Regan Property
Highland

DRILLER INFORMATION

Driller's Name 76 License No. 81
Firm Name
Address
Signature Date
Allen Compton M S D 009
Fogles Well Drilling LLC
P.O. Box 202 Woodbine md 21794
Allen Compton 4-10-14

B 4

SOURCES OF DRILLING WATER

11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 400 37 ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL
Pleasant Springs Ct
Point Ridge Dr
400 FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A530307 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 05/27/2014 RKT 5/27/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

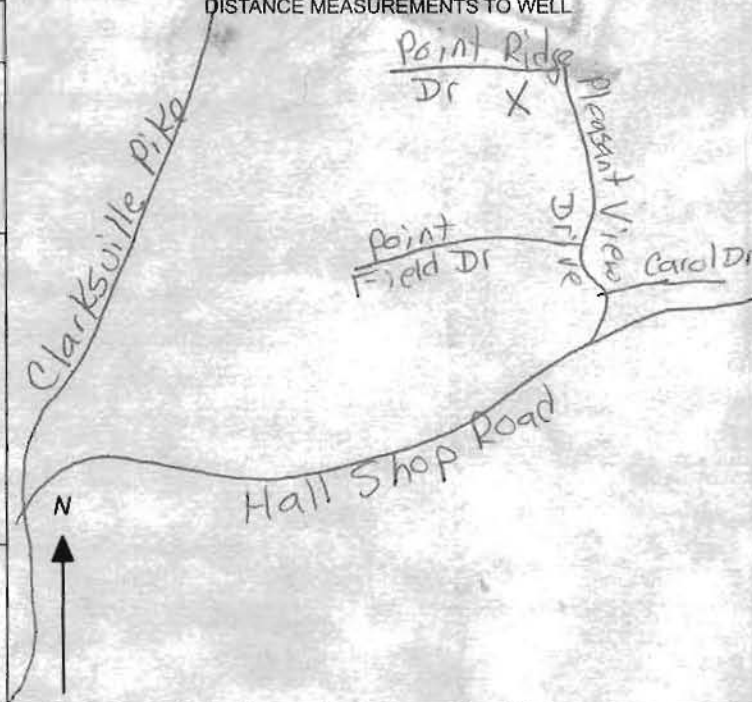
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER HD2014G002
PERMIT No. HD-14-0015
70 71 72 73 74 75 76 77 78 79

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required at the yield test

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1 1 2 3 6 20794	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 546306 U please type	STATE PERMIT NUMBER HO - 14 - 0015 70 fill in this form completely 79
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OWNER INFORMATION

Date Received (APA) **04-10-14**
 8 MM DD YY 13

MB Highland Reserve LLC
 15 Last Name Owner First Name 34

1686 E. Gode Dr
 36 Street or RFD 55

Rockville md 20850
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
 8 COUNTY 21

Regan Property
 23 SUBDIVISION 42

SECTION **44 46** LOT **23**
 48 50

Highland
 52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M **5 D 009**
 Driller's Name 76 License No. 81

Fogles Well Drilling LLC
 Firm Name

P.O. Box 202 Woodbine md 21797
 Address

Allen Compton **4-10-14**
 Signature Date

B 4 SOURCES OF DRILLING WATER

1. **Pleasant Springs**
Point Ridge Dr
 11 STREET ADDRESS 30

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

3. **400**
 34 DISTANCE FROM ROAD 37
 ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

1 2 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)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 **I** INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A530307** **13**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

05/27/2014 **RAT** **5/27/15**
 43 MM DD YY 48 CO SIGNATURE 41 EXP. DATE

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

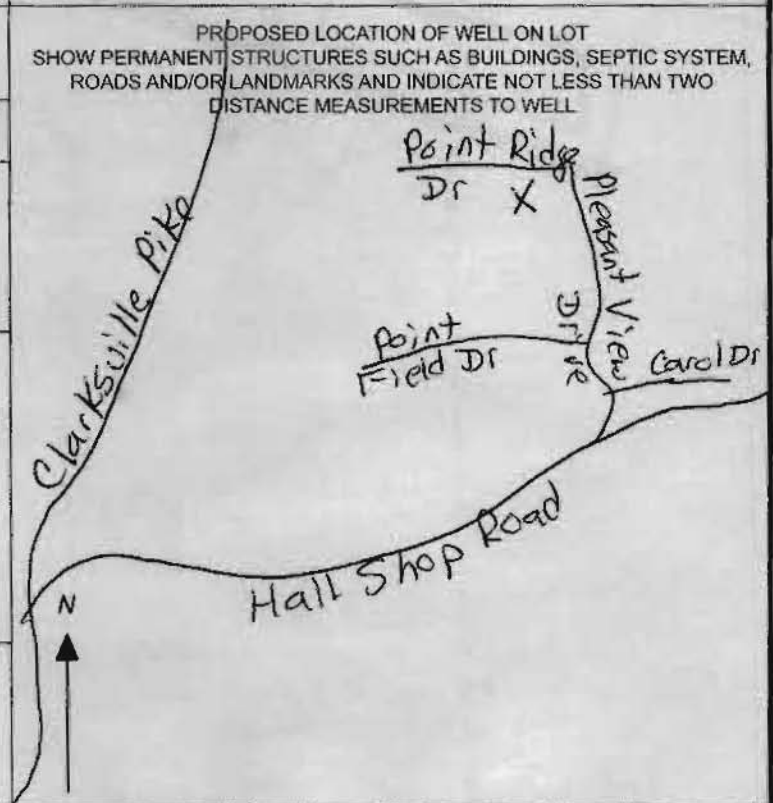
D THIS WELL WILL DEEPEM AN EXISTING WELL

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 2014 0002**

PERMIT No. **HO - 14 - 0015**
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 Radium Sample analyzed at the well site

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14-0015
 Location of property (road) Pleasant Spring Ct.
 Subdivision Ryan Pk. Lot 23 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner MB Highland Reserve

Depth of well 500
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 14'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 12
 Total time 45 MIN. to reach pumping water level 248 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	14	5		12
7:00	108	5		12
7:15	167	6		10
7:30	248	8		7.5
7:45	248	60		1
8:00	248	60		1
8:15	248	60		1
8:30	248	60		1
8:45	248	60		1
9:00	248	60		1
9:15	248	60		1
9:30	248	60		1
9:45	248	60		1
10:00	248	60		1
10:15	248	60		1
10:30	248	60		1
10:45	248	60		1
11:00	248	60		1
11:15	248	60		1
11:30	248	60		1
11:45	248	60		1
12:00	248	60		1
12:15	248	60		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 SERVICE Telephone #: 301-854-1933
Address: P.O. 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 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: MITCHEL + BEST Telephone #: _____
Subdivision: HIGHLAND RESERV Lot #: 23 Well Tag #: HO-14-0015 ✓ 08/23/2017
Site Address: 12252 PLEASANT SPRINGS CT
FULTON MD 2 *de*

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 SQE15-190</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

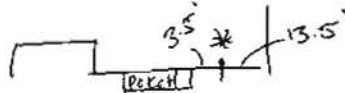
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 9-13-17

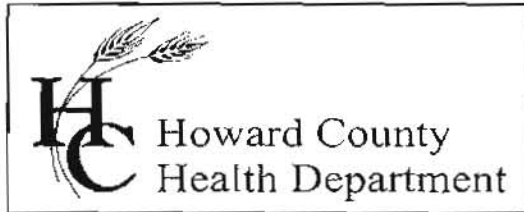
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: <u>08/23/2017</u>	Date Insp. Approved: <u>08/23/2017</u> <i>de</i>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/> 40" 08/23/2017 <i>de</i>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/> 32" 08/23/2017 <i>de</i>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/> 16" 08/23/2017 <i>de</i>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

HD-215 (Rev. 8/00)



*Connection under footer
coupling 3.5' to house line



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

Facebook: www.facebook.com/hocohealth

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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 23, 2017

10/23/2017

Homeowner
12252 Pleasant Springs Court
Fulton, MD 20759

RE: **Regan Property, Lot 23**
12252 Pleasant Springs Court
Building Permit: B17000510
Well Permit: HO-14-0015

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 **10/13/2017**. Final approval of the well line connection to the dwelling was granted on **8/23/2017**. The well construction was completed on **8/18/2014**. Water samples were collected on **10/3/2017**.

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 **8/18/2014**. Results showed a Gross Alpha level of **6.4 ± 1.6 pCi/L** and **Gross Beta** level of **9.6 ± 2.1 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.

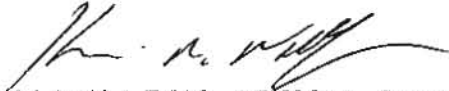
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0015. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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>

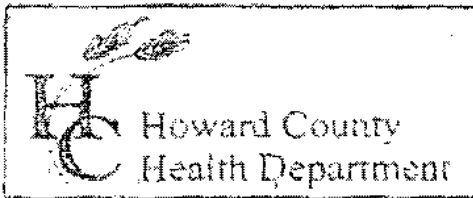
In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6306
website: www.hchealth.org

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

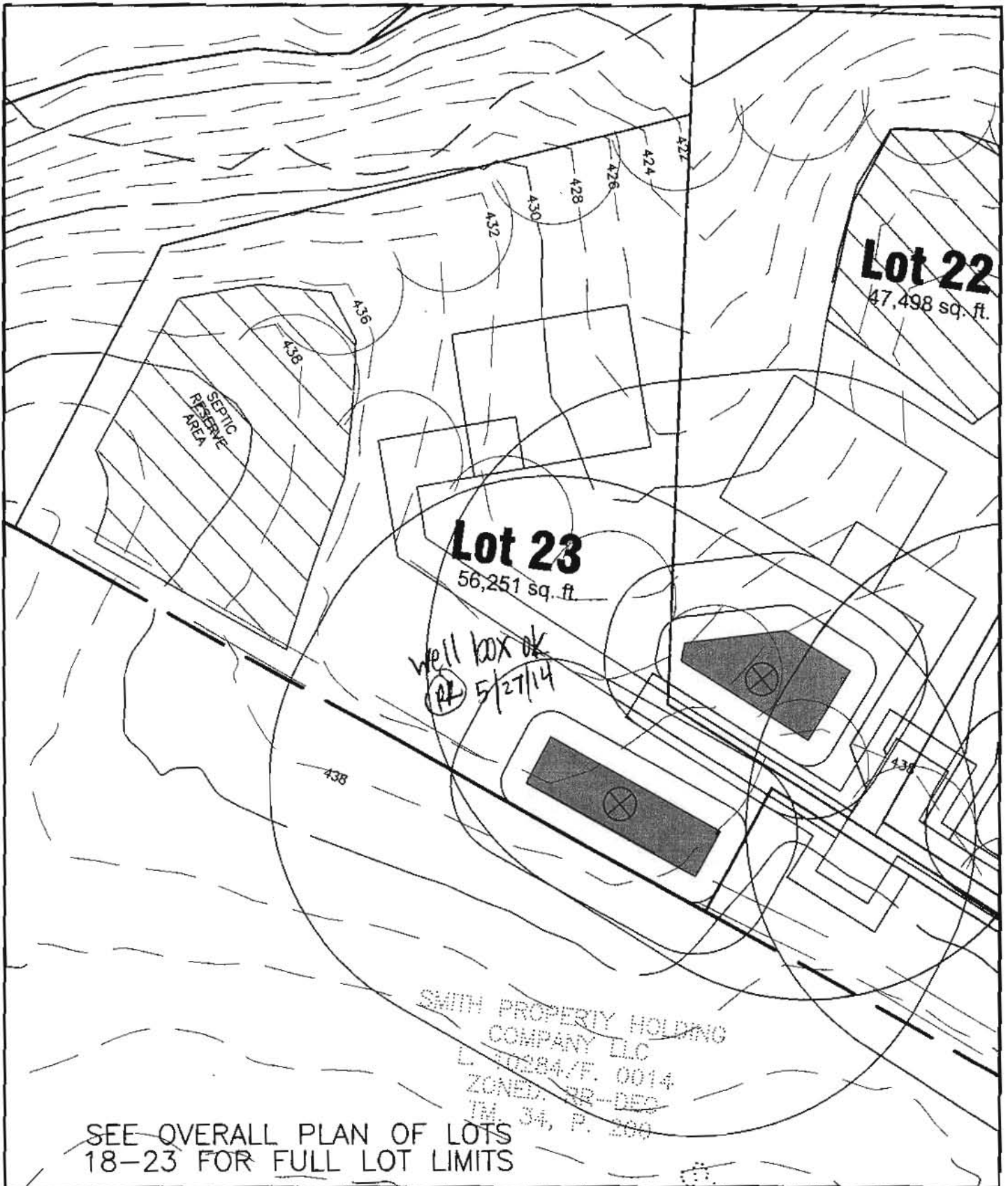
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 4-4-14 (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.

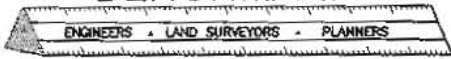
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



SEE OVERALL PLAN OF LOTS
18-23 FOR FULL LOT LIMITS

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT
REGAN PROPERTY**

LOT 23

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 3/11/2014

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Well Water Solutions
P. O. Box 67
Highland, MD 20777

Reporting Date: 10/6/2017
Report #: WWS1710-04

Submitted Sample Address: 12246 Pleasant Springs Court, Lot 23, Fulton, MD
Submitted Sample Source: Bathroom Sink
Date / Time Collected: 10/3/2017 11:00 AM
Sampler/Company: Janet Walker 9006JW, Well Water Solutions
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent pH: 6.2
Well Tag #: HO-14-0015

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	4.3	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

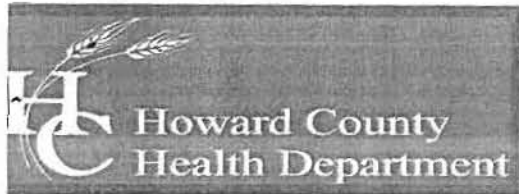
- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -
 EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
 EPA Secondary: Non-enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
 Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



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

Maura Rossman, M.D., Health Officer

October 9, 2014

MB Highland Reserve, LLC
1686 Gude Drive
Rockville, Maryland 20850

RE: Regan Property Lot 23
Pleasant Springs Court
Well Tag: HO - 14 - 0015

To Whom it May Concern:

A sample was collected during a yield test on August 18, 2014 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 6.4 ± 1.6 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.6 ± 2.1 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its 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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Property file

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

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No. 0450 212

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property - Lot 23 County: Howard
 Sample Source: Pleasant Springs Ct. Location: HO-14-0015
 (Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A 14-0015 Radon-222 Field Blank Bottle A Radium Blank
 Bottle B _____ Bottle B _____

County 113 Plant No.

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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:

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 Federal Project:

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 Collector: Brian Telephone No.: (410) 313-2643
 Date Collected: 8/18/2014 Time Collected: _____ a.m. 1:00 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected During Yield Test

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0450	EPA 9040	6.4 ± 1.6	8/22/14	CWB	8/25/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0450	"	9.6 ± 2.1			
<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"/>								

Date Received: 08/21/14 Received By: C. Watty-Boyd
 Data Release Signature: Deborah Miller - Inca Date: 8/25/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH < 2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

000449 221

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: _____ County: HOWARD

Sample Source: FIELD BLANK Location: _____

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

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

County 113 Plant No. _____

CHECK (one per Box)

Type	
Drinking Water	<input type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: _____ Federal Project: _____

Collector: Beian Telephone No.: _____

Date Collected: 08/18/14 Time Collected: _____ a.m. 1:00 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 type="checkbox"/> Gross Alpha	4000	0449	EPA 900.0	<2.0	8/22/14	CWB	8/25/14
<input type="checkbox"/> Gross Beta	4100	0449	"	<4.0			
<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"/>							

Date Received: 08/21/14 Received By: CWatty-Boyer

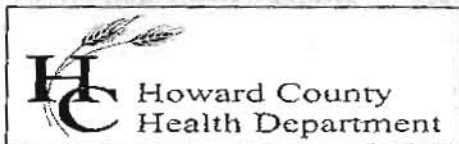
Data Release Signature: Deborah Miller - Juck Date: 8/25/14

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.: (410) 767-5537 •Fax No.: (410) 333-5373

orig mailed 9/9/14

Invoice



Bureau of Environmental Health
 Attn: Bert Nixon, Director

DATE: SEPTEMBER 9, 2014
 DATE OF SERVICE: AUG 18, 2014
 INVOICE #: 2014-020

8930 Stanford Boulevard, Columbia, MD 21045
 Phone 410-313-2640 Fax 410-313-2648
 www.hchealth.org

BILL To: MB Highland Reserve, LLC
 1686 Gude Drive
 Rockville, MD 20850

DATE	DESCRIPTION	BALANCE	AMOUNT
08/18/14	Gross alpha/beta testing performed for Reagan Property, Lot 23 HO - 14 - 0015		\$45.00
			AMOUNT DUE
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-020
Site Information	Reagan Property Lot 23
Amount Due	\$45.00

9/3/14
 Receipt #
 54649

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**