



HOWARD COUNTY HEALTH DEPARTMENT

61508

DATE 9/5/17

WS

Received From

PHONE #

Joseph Wayne

For

Well Permit/13183 Clarksville
Pike

CASH

CHECK

NO.

2129

One hundred twenty

Dollars

\$

100 | 00

Received By

Kierf

C 1 27691

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 561508 XIII

ST/CO USE ONLY DATE RECEIVED MM 05 09 18

DATE WELL COMPLETED MM 2 20 2018

Depth of Well 22 160 25 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0178

OWNER Federline Paul WELL SITE ADDRESS 13193 Clarksville Pike TOWN Highland md 20717 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: Sand (0-82), Mica Rock (82-160), Water 140'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 83 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 85

OTHER CASING (if used)

PL diameter 4 inch depth (feet) from 10 to 160

SCREEN RECORD

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

C 2 DEPTH (nearest ft.)

1 40 84 160 21 A C H 2 23 24 26 30 32 36 S R 3 38 39 41 45 47 51 E N 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 58

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 90 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet 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 LAND SURFACE - below 1 (nearest foot)

LATITUDE 39.16383 LONGITUDE 76.95361 (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M S D 0 2 7 DRILLERS SIGNATURE LIC. NO.: D

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

Tag = 2/23/18 (10)

B 1 SEQUENCE NO. (MDE USE ONLY) **51601** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **560508** STATE PERMIT NUMBER **HO-17-0178**
70 fill in this form completely

OWNER INFORMATION
 Date Received (ABA) **090517**
8 MM DO YY 13
 15 Last Name **Federalin** Owner **Paul** First Name **Paul** 34
 36 Street or RFD **13193 Clarksville Pike** 55
 57 Town **Highland** 70 State **MD** 72 Zip **20997** 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION _____ 42
 SECTION **44** 46 LOT **48** 50
 52 NEAREST TOWN **Highland** 71

DRILLER INFORMATION
 Driller's Name **Larry Mayne** 76 License No. **M 5 D 02A** 81
 Firm Name **Joseph & Mayne Well Drilling**
 Address **5512 Ridge Rd Mt Airy Md 21771**
 Signature **Larry Mayne** Date **8-25-2017**

B 4 SOURCES OF DRILLING WATER
 1. **None**
 2. _____
 3. _____
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH EAST WEST
 11 STREET ADDRESS **13193 Clarksville Pike** 30
 34 60 37 DISTANCE FROM ROAD **61** FT
 ENTER FT OR MI **FT** 38 39
 TAX MAP: **40** BLK: **5** PARCEL **171**

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 12
 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 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
 COUNTY NAME **Howard** COUNTY NO. **XIII**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **10/17/17** CO SIGNATURE **[Signature]** EXP. DATE **10/17/18**
43 MM DO YY 48
 DON: 2/15/18 DOG: 2/22/18 (50)

APPROXIMATE DEPTH OF WELL **340** FEET
24 28
 APPROXIMATE DIAMETER OF WELL _____ 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
 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 _____ **G** _____
 PERMIT No. **HO-17-0178**
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

2/20
 - 12 gpm
 - 160' deep
 - 85' steel casing
 - 22 bags cement
 - started pumping @ 8 am
 - collected gross R.B.
 No. Cl. TDS Sampler @ 10 am

Highland Rd
Clarksville Pike
Highland
 house
 27.5'

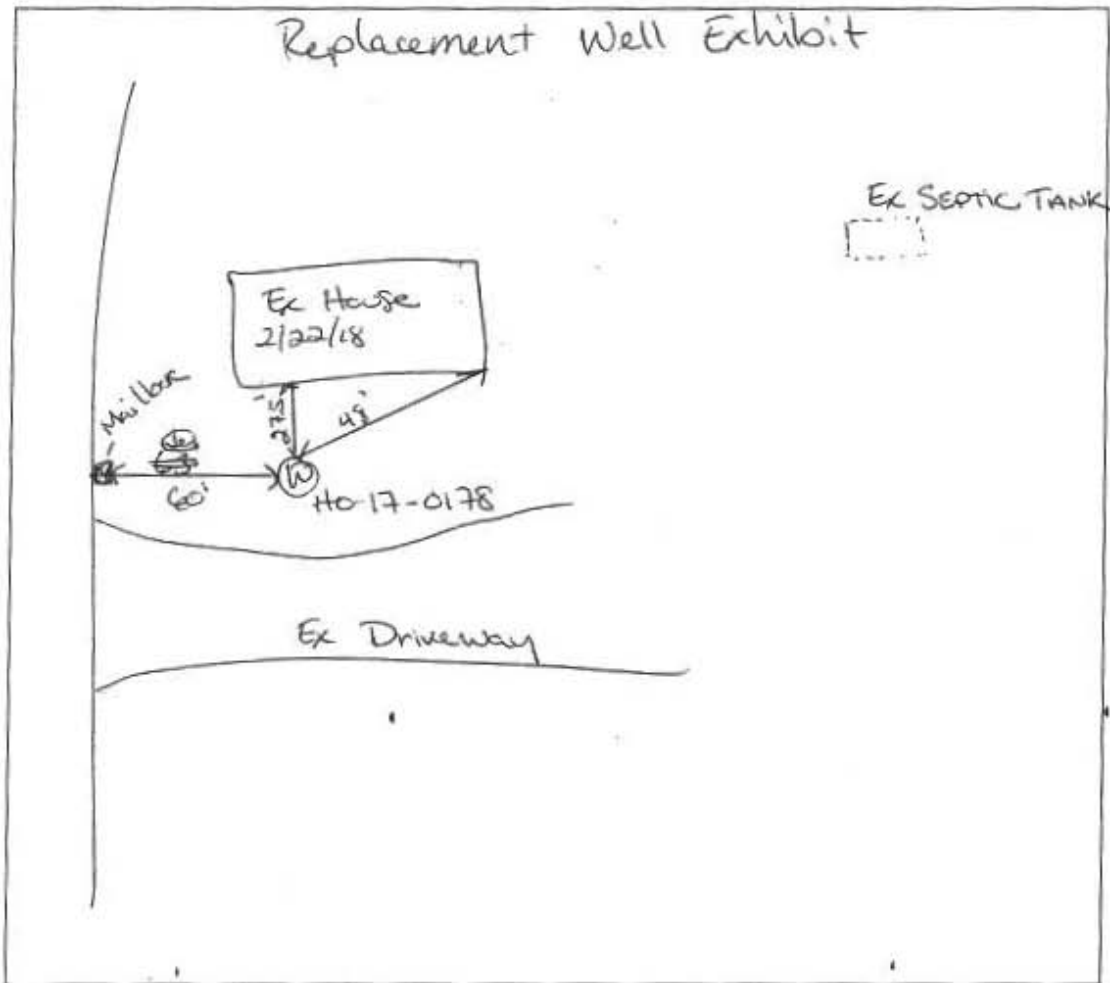
Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Radium Samples Required

SITE INSPECTION SHEET

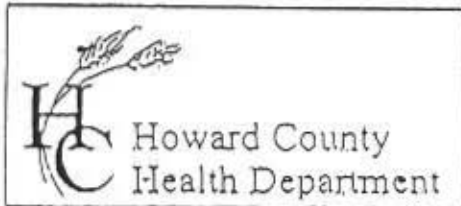
OWNER: Peter Federline PHONE #: N/A
ADDRESS: 13183 Clarksville Pike CONTRACTOR: Mayne
Highland, MD 20777 WELL TAG #: HO-17-0178
SUBDIVISION: N/A LOT: N/A COUNTY #: (XIII)
PROPOSAL: Replacement well follow up inspection

LOCATION DIAGRAM



COMMENTS: 2/22/2018 Well appears to be @ approx. Staked location
by tree. Based off distance between rep. well + Road, well
appears to be ~ 100' from ex septic clean/out manhole.
Inspection not equipped w/ a 100' + line.

DATE: 2/26/2018 INSPECTOR: [Signature]



7178 Columbia 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

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:

Well Site Location:

		<i>13183 Clarksville Pike</i>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by *Joseph & Mwayne Jr*
 (professional land surveyor or company employing professional land surveyors)
 on *8-25-2017* (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 3/11/05

Paul Fedelino
240-355-1513

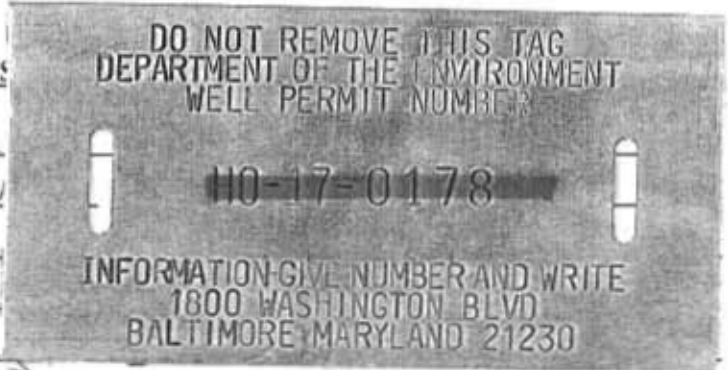
SITE IN:

OWNER: Federal

ADDRESS: 13183 Clarksville Rd

SUBDIVISION: _____ LOT: _____

PROPOSAL: Repl ex Hwy



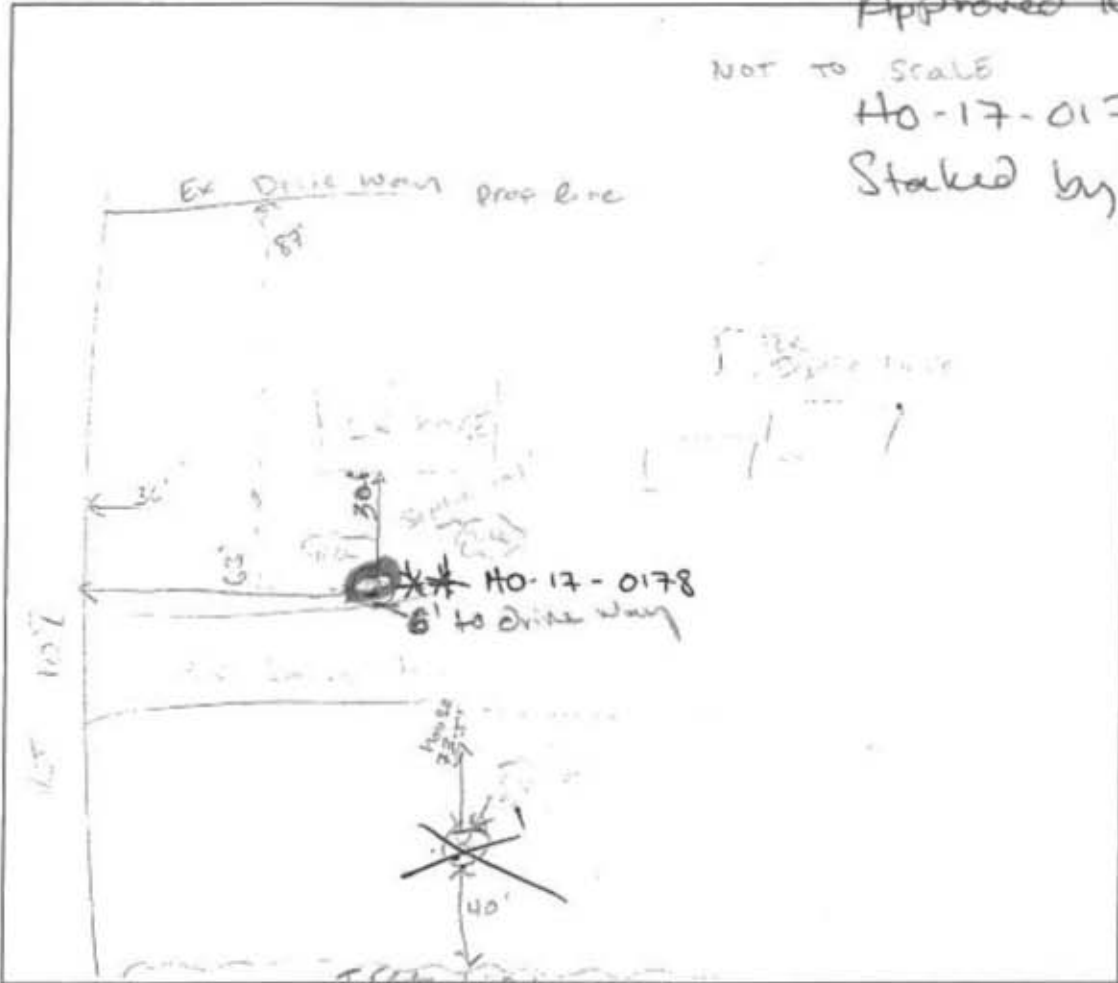
LOCATION DIAGRAM

13183 Clarksville Pike
Approved 10/11/2017

NOT TO SCALE

HO-17-0178

Staked by J. Mayne



COMMENTS: 9/15/2017

Site visit for stake setback measurements.

Met w/ owner

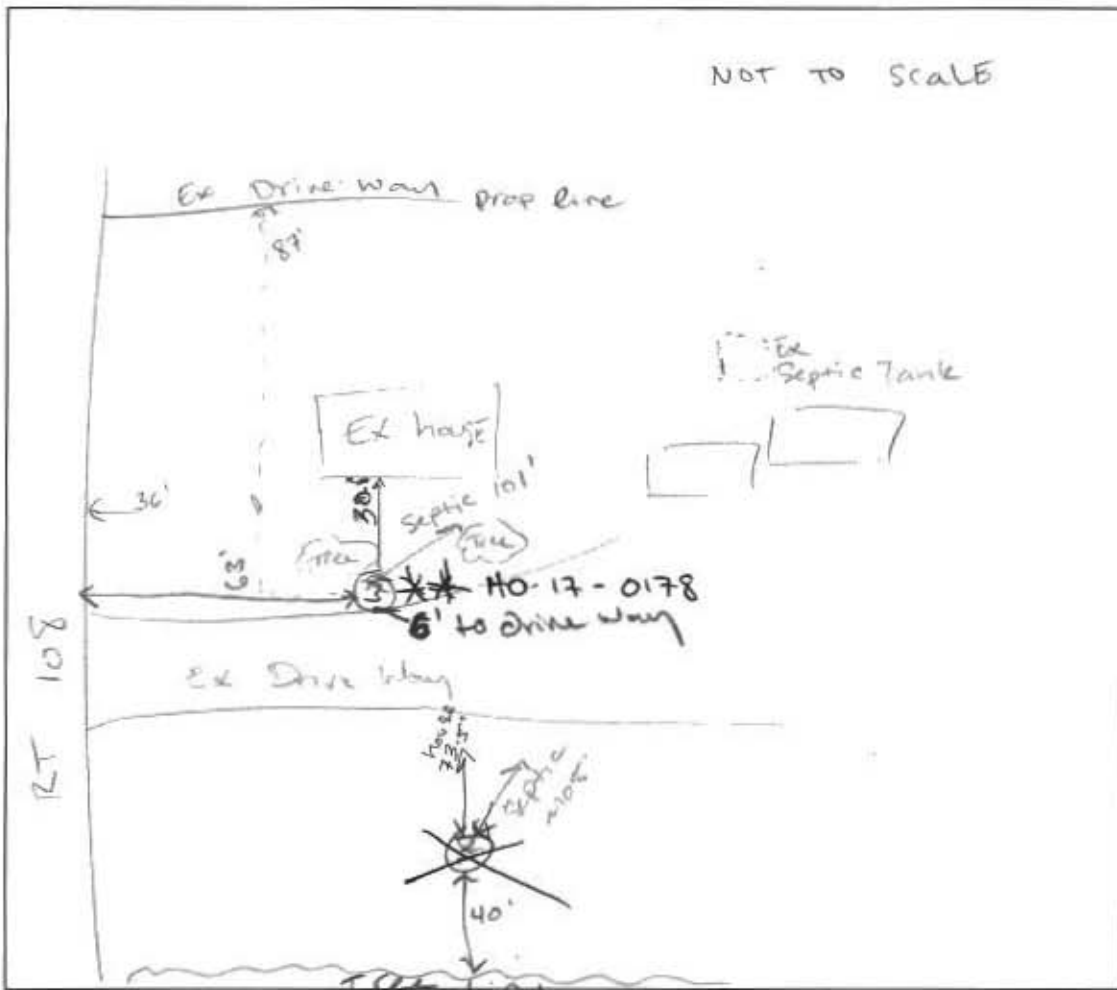
DATE: 09/15/2017

INSPECTOR: [Signature]

SITE INSPECTION SHEET

OWNER: Fachowicz, Peter PHONE #: _____
ADDRESS: 13183 Clarksville Rd CONTRACTOR: J. Myne
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Repl ex Hung Dog well

LOCATION DIAGRAM



COMMENTS: 9/15/2017
Site visit for stake setback measurements.
Met w/ owner

DATE: 09/15/2017 INSPECTOR: [Signature]



Bureau of Environmental Health

8930 Stanford Blvd., 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](https://twitter.com/HowardCoHealthDep)

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

February 23rd, 2018

Peter F Federline
13183 Clarksville Pike
Highland, MD 20777

RE: Replacement Well Sampling
13183 Clarksville Pike
Highland, MD 20777
Well Permit # HO-17-0178

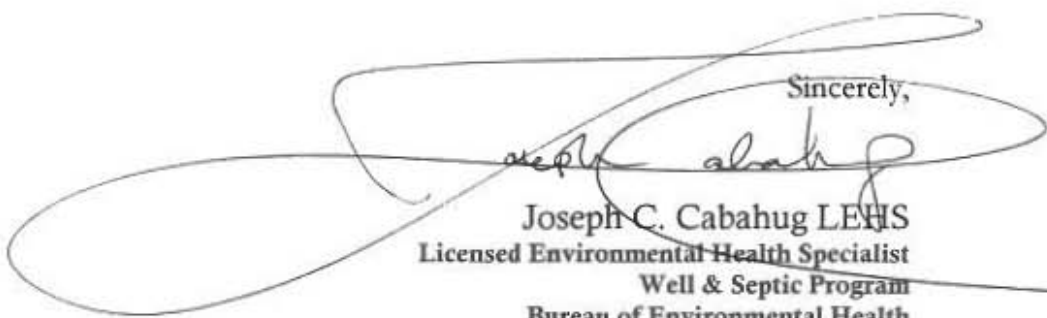
Dear Homeowner:

According to our records, your replacement well is proposed to be connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health

Cc: Community Hygiene Program
File




Bureau of Environmental Health

8930 Stanford Blvd, 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

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

10/12/17 

Home Owner:

Important Notes:

Please be advised that the property 13183 Clarksville Pike is within the radium area in Howard County and radium samples will be required.

This sample collection and radium analysis comes at no cost to the property owner or the well driller.

Due to the closeness of the well and the driveway, the owner is advised to place a barrier between the driveway and the well to protect the well. The barrier must be adequate to protect the well from damage caused by moving vehicles such as ballards, boulders, fence etc.

Please be advised that the existing dug well on property will need to be abandoned and sealed by a Licensed Well Driller.

Best Regards,

Joseph C. Cabahug
Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2643
(f) 410-313-2648



jcabahug@howardcountymd.gov

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

March 8, 2018

Mr. Peter Federline
13183 Clarksville Pike
Highland, Maryland 20777

RE: Federline Property
13183 Clarksville Pike
Highland, Maryland 20777
Replacement Well
Well Tag: HO - 17 - 0178

Dear Mr. Federline:

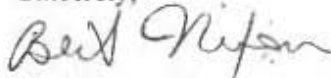
A sample was collected during a yield test on February 20, 2018 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle 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 2.6 ± 1.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.1 ± 1.8 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 standard 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 well water supply is **within** EPA regulatory standards. Additional testing for these parameters will not be required. However, other tests to meet potability standards (i.e., bacteria, nitrate, turbidity and sand), if not already done, will be needed to certify this well.

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,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO: Bert Nixon
Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

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

Lab No.

001482 2218

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dH₂O 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: 2/20/18 Time Collected: _____ a.m. 3 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	1482	EPASD0.0	<2.0	02/22/18	RH	03/01/18
<input checked="" type="checkbox"/>	Gross Beta	4100	1482	EPACD0.0	<4.0	02/22/18	RH	03/01/18
<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: 02/21/18 Received By: [Signature]

Data Release Signature: [Signature] Date: 03-01-2018

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

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

SEND REPORT TO: Bert Nixon
Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

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

Lab No. 0011482 2212

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dlh₂O Location: HCHA 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.: 410-313-6787

Date Collected: 2/20/18 Time Collected: _____ a.m. 3 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	<u>1482</u>	<u>EPASD0.0</u>	<u><2.0</u>	<u>02/22/18</u>	<u>RH</u>	<u>03/01/18</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>1482</u>	<u>EPASD0.0</u>	<u><4.0</u>	<u>02/22/18</u>	<u>RH</u>	<u>03/01/18</u>
<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: 02/21/18 Received By: [Signature]
 Data Release Signature: [Signature] Date: 03-01-2018

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

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

FORM REVISED 05/15
 DHMH 4540 05/17

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

March 22, 2018

Homeowner
13183 Clarksville Pike
Highland, MD 20777

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on this lot.

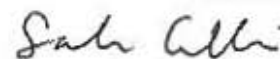
Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 10.19 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 77 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 222 mg/L.**

Levels of contaminants in groundwater may change over time due to construction activities or seasonal variations in weather. Given the intermediate level of sodium in the water at the time of sample collection, you should consider future testing.

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report To: Bert Nixon

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences
TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E18003041001

Received: 02/21/2018

Metals

HO-17-0178

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-17-0178 Site Name: Federline Property County: Howard

Sample Source: 13183 Clarksvine Pike Highland Collector: S Collins
Street Town or City Name

Date Collected: 2/20/2018 Time Collected: 10 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: <2, SHS, 2/21/18

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Yield test.

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>SHS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____ Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18003041 Date Coll.: 02/20/2018 Date Received: 02/21/2018 Submitted By: Collins

Field ID: HO-17-0178
Lab No.: E18003041001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	10.19	ppm	02/22/2018

Comments:

Approved by: Yungsoo Choi

Approval date: 02/23/2018

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
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HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Certificate of Analysis

Lab Project NoE18003040 Date Coll. 02/20/2018 Date Received 02/21/2018 Submitted By: S. Collins

Field ID: HO-17-0178
Lab No.: E18003040001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	77	mg/L	02/26/2018
Total Dissolved Solids	SM 2540C	222	mg/L	02/23/2018

Comments:

Approved by: *Shahen Aveti*

Approval date: 03/01/2018

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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**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: Tim Downs Plumbing Telephone #: 301-440-1632
Address: 10405 Maynard Ct
Damascus MD 20872

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Tim Downs License# 20676

***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: Peter Federline Telephone #: 240-355-1513
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0078 ✓ 7/24/2018 (40)
Site Address: 13183 Clarksville Pike
Highland MD

Submersible Pump Data

Make: Goulds
Model #: 7H505422
Pump Capacity 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: American Standard
Model#: PT400NL
Depth: 46" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 150 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: SOR 7
PSI: 250 (160 psi min)
Depth of supply line: 46" (36" min)

House Connection

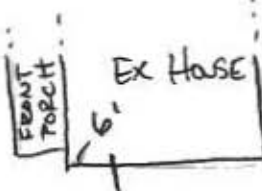
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5" minimum from foundation): 5'
Sleeve sealed properly: Yes Hydraulic Cement / tar

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: [Signature] date: 7/23/18

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

Date Insp. Requested: 07/24/2018 Date Insp. Approved: 07/24/2018 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 40"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 18"
Safety rope not outside of well cap/casing ✓ 9"
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 ✓



7/24/2018
Sleeved into existing foundation. ⊕