C 1 1145 — SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 520415

ST/CO USE ONLY
DATE Received MM DD YY
8 13

DATE WELL COMPLETED MM 10 DD 18 YY 2010
15 20

Depth of Well 22 680 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1999
28 29 30 31 32 33 34 35 36 37

OWNER Greenfield Homes Inc (last name / first name)
STREET OR RFD Prestwick Dr. access Dr TOWN Clarksville
SUBDIVISION Willow Pond SECTION LOT 13

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 FROM	FEET TO	check if water bearing
Sand	0	47	
Gray Mica Rock	47	680	✓

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 027
Dwight L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M S D 027
Dwight Mayne

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N] (44 44)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 15 NO. OF POUNDS 1470 (45 46)

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP 52) ft. to 49 (54 BOTTOM 58) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE: ST (60 61)
Nominal diameter top (main) casing (nearest inch)!: 6 (63 64)
Total depth of main casing (nearest foot): 53 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below

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

C 2 (1 2)

EACH SCREEN	DEPTH (nearest ft.)		
1	40 (8 9)	51 (11 15)	680 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

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

(68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour): 6 (8 9)

PUMPING RATE (gal. per min.): 1 . (11 15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 21 (17 20) ft.
WHEN PUMPING: 403 (22 25) ft.

TYPE OF PUMP USED (for test)
[A] air (27) [P] piston (27) [T] turbine (27)
[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)
[J] jet (27) [S] submersible (27)

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 (49) LAND SURFACE
[−] below (49)
2 (nearest foot) (50 51)

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)

N

See attached location

DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 3404 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

534010

STATE PERMIT NUMBER: HO-95-1999

fill in this form completely

OWNER INFORMATION

Date Received (APA): 08 30 10

Greenfield Homes Inc (Last Name / Owner / First Name)

6656 Luster Drive (Street or RFD)

Highland (Town) Md (State) 20777 (Zip)

DRILLER INFORMATION

Joseph L Maype (Driller's Name) M S D 024 (License No.)

Joseph L Maype Well Drilling (Firm Name)

5512 Ridge Rd Mt. Airy MD 21771 (Address)

Joseph L Maype (Signature) 8-24-2010 (Date)

B 3 LOCATION OF WELL

Howard (COUNTY)

Willow Pond (SUBDIVISION)

SECTION | LOT 13

Clarksville (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 1 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, SE, S

Prestwick Dr. Access Dr (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH — E

DISTANCE FROM ROAD: 360 FT

TAX MAP: 34 BLK: 17 PARCEL: 382

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A520415 (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED 9/13/2010 Brian Baker 9/13/2011 (CO SIGNATURE / EXP. DATE)

NORTH GRID 496 000 EAST GRID 813 000

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPENED 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
- 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) _ _ - _ _ - _ _ _ _

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

10/18/10 Radium Sample collected @ Yield (X) (KW)

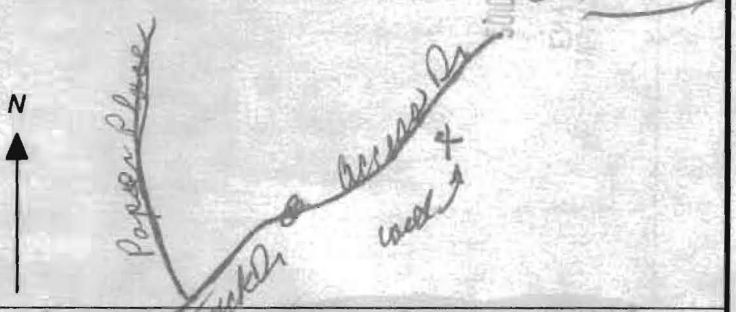
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8143

N 496

000 000

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)

APPROP. PERMIT NUMBER _ _ _ _ _ G _ _ _

PERMIT No. HO-95-1999

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Need to Collect Radium Sample During Yield Test.

DENV-Permit 97

② COUNTY

Page 1 of 1 Review

Date 10-18-2010

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1999
Location of property (road) Prestwick Dr. Access Dr
Subdivision Willow Pond Lot 13 Block ___ Plat ___ Sec. ___
Well Driller Joseph Mayse Owner Greenfield Homes Inc

Depth of well 680'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate ___
Total time 45min to reach pumping water level 403 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)
7:45	156'	3 sec		20 gpm
8:00	301	4		15
8:15	403	5		12
8:30	403	60		1 gpm
8:45	403	60		1
9:00	403	60		1
9:15	403	60		1
9:30	403	60		1
9:45	403	60		1
10:00	403	60		1
10:15	403	60		1
10:30	403	60		1
10:45	402	60		1
11:00	402	60		1
11:15	402	60		1
11:30	402	60		1
11:45	402	60		1
12:00	402	60		1
12:15	402	60		1
12:30	402	60		1
12:45	402	60		1
1:00	402	60		1
1:15	402	60		1
1:30	402	60		1 gpm
1:45	402	60		1
2:00	402	60		1
2:15	402	60		1

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: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville, MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Sama J. Gartland III License# 5362
***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: Greenfield Homes Telephone #: 410-365-3202
Subdivision: Willow Pond Lot #: 13 Well Tag # : HO 95-1999
Site Address: 6298 Heather Glen Way
Clarksville, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: BTI	Two piece watertight cap: ✓
Model #: M20432/200C 313	Model#: P-100-SS	Screened, vented well cap: ✓
Pump Capacity 7 GPM	Depth: 48 (36" min)	Cap secured to casing: ✓
Well Yield: 1 GPM	NSF approved: Yes	Conduit min 18" B.G.: ✓

Depth of well encountered at time of pump installation: 600 (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 or (Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house	House Connection
Type: Poly	PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 200# (160 psi min)	Approximate length of sleeve: 80'
Depth of supply line: 48" (36" min)	Sleeve caulked and sealed properly: Yes

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] 11-7-16
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/10/16 (KW)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	✓
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓
Safety rope installed inside of well casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	Under Footer
Adequate grout observed below pitless adapter	✓

HD-215(Rev. 8/00)

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

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Address: 1620 W. Old Liberty Rd
Sykesville, MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Samuel J. Gartland III License# 5362
*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: Greenfield Homes Telephone #: 410-365-3202
Subdivision: Willow Pond Lot #: 13 Well Tag #: HO 45-1999
Site Address: 6298 Heather Glen Way
Clarksville, MD 21029

Submersible Pump Data
Make: Goulds
Model #: M20432/200c.3/3
Pump Capacity 7 GPM
Well Yield: 1 GPM

Pitless Adapter
Make: BTI
Model#: P-100-SS
Depth: 48 (36" min)
NSF approved: Yes

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

Depth of well encountered at time of pump installation: 600 (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 Yes

Piping to house
Type: Poly
PSI: 200# (160 psi min)
Depth of supply line: 48" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 80'
Sleeve caulked and sealed properly: Yes

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] 11-7-16
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade _____
- Two piece cap installed and attached to casing securely _____
- Elec. conduit extends at least 18" below grade/attached to cap properly _____
- Safety rope installed inside of well casing _____
- Correct well tag attached properly and casing 8" above finished grade _____
- Water supply line sleeved adequately at house connection _____
- Adequate grout observed below pitless adapter _____

HD-215(Rev. 8/00)

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 3, 2019

July 3, 2018

Homeowner
6298 Heather Glen Way
Clarksville, MD 21029

RE: Willow Pond, Lot 13
6298 Heather Glen Way
Building Permit: B16001790
Well Permit: HO-95-1999

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 **2/14/2017.** Final approval of the well line connection to the dwelling was granted on **11/10/2016.** The well construction was completed on **10/18/2010.** Water samples were collected on **6/25/2018.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **3/16/2011**. Results showed a Gross Alpha level of **10.3** ± 2.6 **pCi/L** and **Gross Beta** level of **10.4 ± 2.2 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-95-1999. 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.**

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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 onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

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

Water Testing Laboratories
of Maryland, Inc.

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

Greenfield Homes
6656 Luster Drive
Highland, Md 20777

Reporting Date: 6/28/2018
Report #: M6265

Submitted Sample Address:	6298 Heather Glen Way Clarksville, MD 21029
Submitted Sample Source:	Holding tank-well cap intact & no devices used
Date / Time Collected:	6/25/2018 10:27 AM
Sample Type:	Drinking Water
Sampler/Company:	K. Lee 4827KL, WTL of MD
Field Record:	Chlorine residual: Absent Clear when drawn pH: 7.6
Well Tag #:	HA-95-1999

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
E. Coli 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	1.0	NTU	0.5	< 10 NTU*	MD Well Reg.

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL – Maximum Contaminant Level
5. ND – Not Detected.
6. * 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.
7. 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.
8. 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,

Christina Rodgers

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: SWB

Howard County
Health Department

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

March 16, 2011

Greenfield Homes, Inc.
6656 Luster Drive
Highland, Maryland 20777

RE: Willow Pond Lot 13
Prestwick Drive
Well Tag: HO - 95 - 1999

To Whom It May Concern:

A sample was collected during a yield test on October 18, 2010 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 **10.3 ± 2.6 picocuries/liter (pCi/L);** while the **Gross Beta** level was **10.4 ± 2.2 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 **does** appear safe for all uses. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. However, 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 or to discuss additional testing considerations.

Sincerely,

Bert Nixon

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

Send Report To:

Bert Nixon

7178 Columbia Gateway Dr.

Columbia, MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E11001928002
Received: 10/19/2010
RadioChem
HO-95-1999

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1999 **No. B:** _____ **Field Blank Bottle No. 1:** _____ **No B:** _____

Plant/Site Name: Willow Pond LOT 13 **County:** Howard

Sample Source: Well -Prestwick Dr. **Location:** HO-95-1999
(well no, lab sink, sample tap, etc.)

County: 1 3 **Plant No.** ☐☐☐☐☐☐☐☐☐

CHECK (one per box)

Drinking Water	☒	Community	☐	Source (raw water)	☐	Emergency	☐
Landfill	☐	Non-community	☐	Distribution (treated)	☒	Routine	☒
Stream	☐	Private	☒	MCL	☐	Recheck	☐
Other	☐	Other	☐			Special	☐

Collector: K. Wolf **Telephone No.:** 410-313-2645

Date Collected: 10/18/10 **Time Collected:** 10:00 a.m. _____ p.m.
cwb

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☐

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** _____ pH _____ Chlorine

Remarks: Collected @ Field. pH preserved to <3.0
Reported 10/29/10 as 7.7 ± 2.0 & 11.1 ± 2.2

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0648	10.3 ± 2.6	10/25/10	10/26/10
✓	Gross Beta	4100	0648	10.4 ± 2.2	"	"
	Radon-222 *Bottle A*	4004				
	Radon-222 *Bottle B*	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra – 226	4020				
	Ra – 228	4030				
	Total Uranium	4006				

Date Received: 10/19/10

Supervisor: _____

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

FORM REVISED 10/07
DHMH 4540 10/07

ORIGINAL - LABORATORY

Send Report To:

Bert Nixon

7178 Columbia Gateway Dr.

Columbia, MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBay, Dr. P. H., Director

E11001928002
Received: 10/19/2010
RadioChem
HO-95-1999

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1999 **No. B:** _____ **Field Blank Bottle No. 1:** _____ **No B:** _____

Plant/Site Name: Willow Pond **County:** Howard

Sample Source: Well - Prestwick Dr. **Location:** HO-95-1999
(well no, lab sink, sample tap, etc.)

County: 1 3 **Plant No.** ☐☐☐☐☐☐☐☐☐☐

CHECK (one per box)

Drinking Water	☒	Community	☐	Source (raw water)	☒	Emergency	☐
Landfill	☐	Non-community	☐	Distribution (treated)	☐	Routine	☒
Stream	☐	Private	☒	MCL	☐	Recheck	☐
Other	☐	Other	☐			Special	☐

Collector: K. Wolf **Telephone No.:** 410-313-2645

Date Collected: 10/18/10 **Time Collected:** 10:00 a.m. _____ p.m.
cwb

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☐

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** _____ pH _____ Chlorine

Remarks: Collected @ Yield. pH preserved to <3.0
Reported 10/29/10 to 7.2 ± 2.0 B 11.1 ± 2.2

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0648	10.3 ± 2.5	10/25/10	10/26/10
✓	Gross Beta	4100	0648	10.4 ± 2.2	"	"
	Radon-222 *Bottle A*	4004				
	Radon-222 *Bottle B*	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra – 226	4020				
	Ra – 228	4030				
	Total Uranium	4006				

Date Received: 10/19/10

Supervisor: _____

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

FORM REVISED 10/07
DHMH 4540 10/07

ORIGINAL - LABORATORY

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Laboratories Administration
John M. DeBoy, Dr.P.H., Director

Division of Environmental Chemistry
Prince Kassim, Ph.D., Division Chief
Mrs. Delores Willis, M.S., Manager

RADIATION LABORATORY

FAX COVER SHEET

Date: 3/9/11

To: Kevin Wolf Fax Number: 410-313-2648

Department: Howard Co. Health Dept.

Phone Number: 410-313-2640 Pages (exclude cover): 2

From: Radiation Lab Phone Number: 410-767-5537

Fax Number: 410-333-5373

Special Instructions / Comments:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ For Your Information

Comments:
HO-95-1999

We are very sorry that these results did not make it to you. Please don't hesitate to contact us anytime you are missing results. We are glad to help.

Have a wonderful afternoon.

P.O. BOX 2355 • Baltimore, Maryland 21203-2355
410-767-6100 • TTY for Disabled • Maryland Relay Service 1-800-735-2258
Toll Free 1-877-4MD-DHMH • Web Site:www.dhmh.state.md.us/labs/

E000648 819 00

Lot 13

Send Report To:

Best Nixon

7178 Columbia Gateway Dr.

Columbia MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1999 **No. B:** _____ **Field Blank Bottle No. 1:** _____ **No B:** _____

Plant/Site Name: Willow Pond **County:** Howard

Sample Source: Well - Prestwick Dr. **Location:** HO-95-1999
(well no, lab sink, sample tap, etc.)

County: [1] [3] **Plant No.** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CHECK (one per box)

Drinking Water	☑	Community	☐	Source (raw water)	☑	Emergency	☐
Landfill	☐	Non-community	☐	Distribution (treated)	☐	Routine	☑
Stream	☐	Private	☑	MCL	☐	Recheck	☐
Other	☐	Other	☐			Special	☐

Collector: K. Wolf **Telephone No.:** 410-313-2645

Date Collected: 10/18/10 **Time Collected:** 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐ (cwb) **Iced:** Yes ☐ No ☐

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** _____ pH _____ Chlorine

Remarks: Collected @ Yield. PH preserved to <3.0
Repeated 10/29/10 a 7.3 ± 2.0 B 11 ± 2.2

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0648	10.3 ± 2.6	10/25/10	10/26/10
✓	Gross Beta	4100	0648	10.4 ± 2.2	"	"
	Radon-222 *Bottle A*	4004				
	Radon-222 *Bottle B*	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra – 226	4020				
	Ra – 228	4030				
	Total Uranium	4006				

Date Received: 10/19/10

Supervisor: _____

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

FORM REVISED 10/07
DHMH 4540 10/07

CUSTOMER COPY I

E000648 819

Send Report To:

Best Nixon

7178 Columbia Gateway Dr.

Columbia MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1999 **No. B:** _____ **Field Blank Bottle No. 1:** _____ **No B:** _____

Plant/Site Name: Willow Pond **County:** Howard

Sample Source: Well - Prestwick Dr. **Location:** HO-95-1999
(well no, lab sink, sample tap, etc.)

County: [1] [3] **Plant No.** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CHECK (one per box)

Drinking Water	☒	Community	☐	Source (raw water)	☐	Emergency	☐
Landfill	☐	Non-community	☐	Distribution (treated)	☐	Routine	☒
Stream	☐	Private	☒	MCL	☐	Recheck	☐
Other	☐	Other	☐			Special	☐

Collector: K. Wolf **Telephone No.:** 410-313-[illegible]

Date Collected: 10/18/10 **Time Collected:** 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☐

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** _____ pH _____ Chlorine

Remarks: Collected @ Field. pH prsvd to <3.0
Repeated 10/29/10 A 7.2 ± 2.0 B 11.1 ± 2.2

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0648	10.3 ± 2.6	10/25/10	10/26/10
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	Radon-222 *Bottle B*	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra – 226	4020				
	Ra – 228	4030				
	Total Uranium	4006				

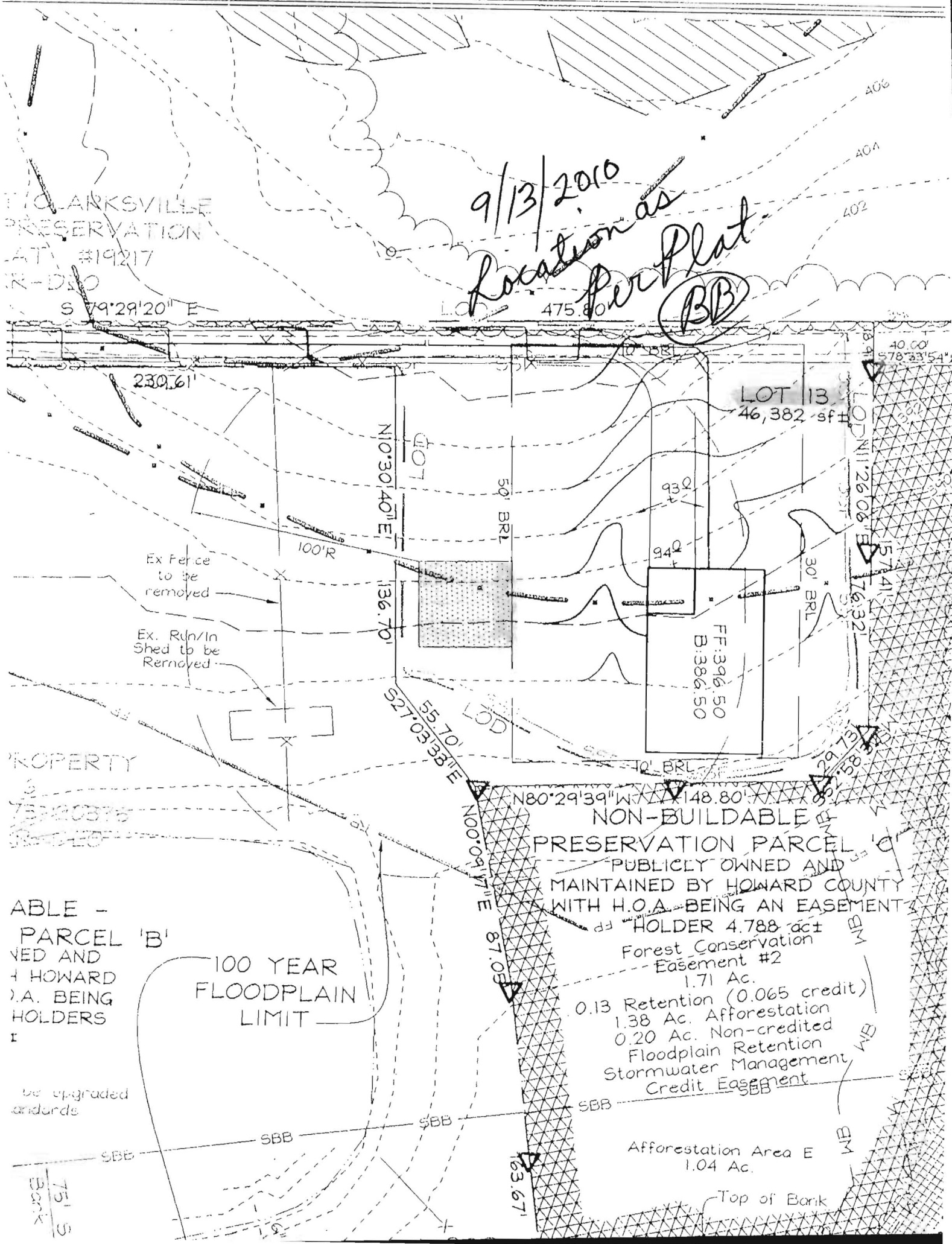
Date Received: 10/19/10

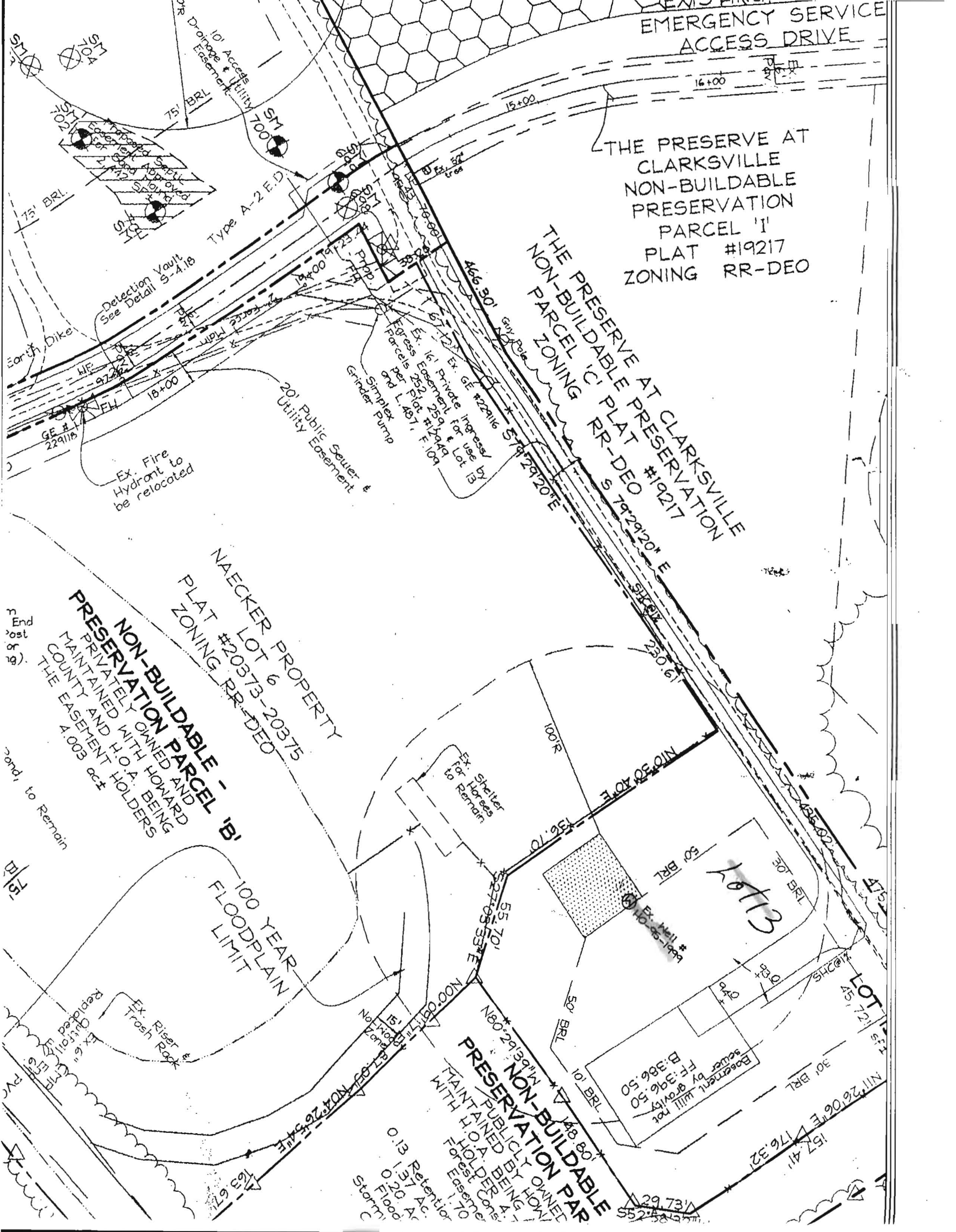
Supervisor: [signature]

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

FORM REVISED 10/07
DHMH 4540 10/07

CUSTOMER COPY II


9/13/2010
Location as Per Plat
BB
LOT 13
46,382 sf±
S 79°29'20" E
475.80'
230.61'
N10°30'40"E
136.70'
100'R
50' BRL
93'±
94'±
30' BRL
10' BRL
N11°26'06"E
157.41'
176.32'
S78°33'54"W
40.00'
Ex Fence to be removed
Ex. R/in/In Shed to be Removed
FF:396.50
B:386.50
S27°03'38"E
55.70'
N80°29'39"W
148.80'
N00°09'17"E
87.05'
NON-BUILDABLE
PRESERVATION PARCEL 'C'
PUBLICLY OWNED AND
MAINTAINED BY HOWARD COUNTY
WITH H.O.A. BEING AN EASEMENT
HOLDER 4.788 ac±
Forest Conservation
Easement #2
1.71 Ac.
0.13 Retention (0.065 credit)
1.38 Ac. Afforestation
0.20 Ac. Non-credited
Floodplain Retention
Stormwater Management
Credit Easement
Afforestation Area E
1.04 Ac.
100 YEAR
FLOODPLAIN
LIMIT
SBB
WB
LOD
Top of Bank
ABLE -
PARCEL 'B'
PROPERTY



EMERGENCY SERVICE
ACCESS DRIVE
16+00
15+00
THE PRESERVE AT
CLARKSVILLE
NON-BUILDABLE
PRESERVATION
PARCEL 'I'
PLAT #19217
ZONING RR-DEO
THE PRESERVE AT CLARKSVILLE
NON-BUILDABLE PRESERVATION
PARCEL 'C' PLAT #19217
ZONING RR-DEO
S 79°29'20" E
466.30'
230.61'
75' BRL
Type A-2 E.D.
Detection Vault
See Detail S-4.18
Earth Dike
18+00
Ex. Fire
Hydrant to
be relocated
20' Public Sewer &
Utility Easement
Simplex
Grinder Pump
Ex. 16' Private Ingress/
Egress Easement for use by
Parcels 252, 259 & Lot 13
per Plat #12449
and L.487, F.109
NAECKER PROPERTY
LOT 6
PLAT #20373-20375
ZONING RR-DEO
NON-BUILDABLE -
PRESERVATION PARCEL 'B'
PRIVATELY OWNED AND
MAINTAINED WITH HOWARD
COUNTY AND H.O.A. BEING
THE EASEMENT HOLDERS
4.003 ac±
100 YEAR
FLOODPLAIN
LIMIT
Ex. Shelter
for Horses
to Remain
100'R
N10°30'40"E
136.70'
55.70'
N04°26'54"E
163.67'
N80°29'39"W
148.80'
29.73'
Lot 13
50' BRL
30' BRL
10' BRL
Ex. Well
Basement will not
sewer by gravity
FF:396.50
B:386.50
N11°26'06"E
176.32'
157.41'
LOT
45.72'
NON-BUILDABLE
PRESERVATION PAR
Ex. Riser &
Trash Rack