

C1 16629

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0008

OWNER MB Highland Reserve, WELL SITE ADDRESS Pleasant Springs Ct, TOWN Highland, SUBDIVISION Regan Property, SECTION, LOT 16

WELL LOG

GROUTING RECORD

PUMPING TEST

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

HOURS PUMPED (nearest hour) 3

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.) 6

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Grey Limestone, white, Grey Limestone.

NO. OF BAGS 12, NO. OF POUNDS 128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 29

METHOD USED TO MEASURE PUMPING RATE 1 gal

CASING RECORD: casing types insert appropriate code below. ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

WATER LEVEL (distance from land surface)

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch) 06, Total depth of main casing (nearest foot) 30

BEFORE PUMPING 4 ft.

WHEN PUMPING 71 ft.

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

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

SCREEN RECORD: screen type or open hole. ST (STEEL), BR (BRASS/BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

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

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

WELL HYDROFRACTURED Y N

Table with columns: 1-11, 15-17, 21, 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN.

LAND SURFACE 01 (nearest foot)

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

LATITUDE 3 9.1843758

LONGITUDE 76.9917791

(DEFAULT COORD. WGS 84) NOTES:

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04 04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 009, DRILLERS SIGNATURE Allen Compton

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BDX 68

LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 20790
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 14 - 0008
70 fill in this form completely 79

546306 N please type

Date Received (APA)

04/10/14
8 MM DD YY 13

OWNER INFORMATION

15 MB Highland Reserve LLC Last Name Owner First Name 34
1686 E Gude Dr Street or RFD 55
Rockville md 20850 Town State Zip 76

B 3

LOCATION OF WELL

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

DRILLER INFORMATION

Allen Compton M SD 009 Driller's Name 76 License No. 81
Eagles Well Drilling LLC Firm Name
P.O. Box 202 Woodbine MD 21797 Address
Signature Date 4-10-14

B 4

SOURCES OF DRILLING WATER

1. Well
2.
3.

Pleasant Springs Ct
Point Ridge Dr 11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 450 37 DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI
TAX MAP: 34 BLK: 24 PARCEL 200

B 2

WELL INFORMATION

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

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 5/27/15 43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

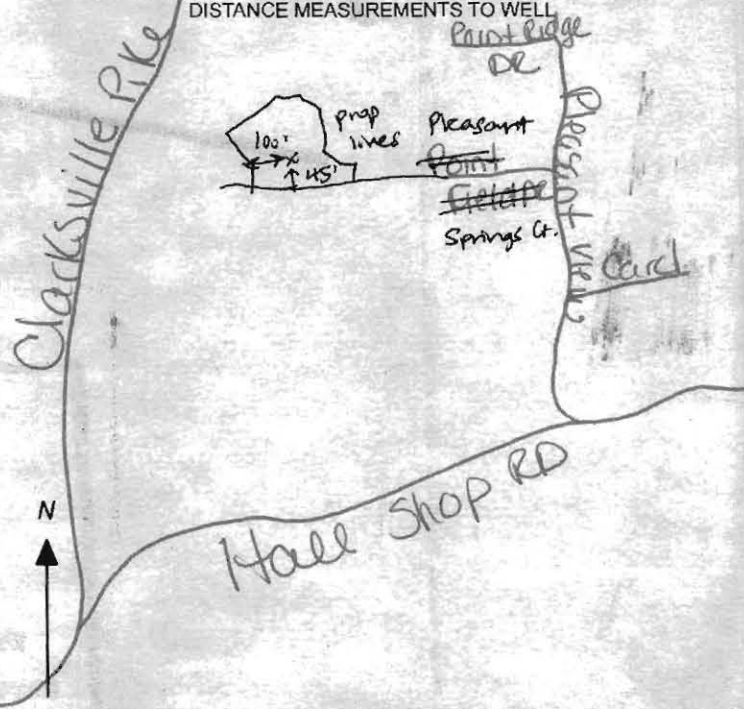
METHOD OF DRILLING (circle one)

- 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
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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



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

APPROP. PERMIT NUMBER H02014G002
PERMIT No. H0-14-0008
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Radium Sample required @ the yield test

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Nat'l Water Service Telephone #: _____
Address: _____

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

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 14 - 0103
Site Address: 12218 Pleasant Springs Ct.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used= <u>Must circle one</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

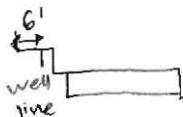
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 9/11/18 Date Insp. Approved: 9/11/18 Inspector: SC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



congregated sleeve - builder will cover line w/ clean dirt before backfilling

under footer

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: 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 RYCKIE License# PE 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: Mitchell & BEST Telephone #: 301-252-0126
Subdivision: HR Lot #: 16 Well Tag #: HO-14-0008
Site Address: 12818 PLEASANT Spring Ct
FULTON

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>SCHAEFER</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>106PM</u>	Model#: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>10</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM(4)	NSF approved: <input checked="" type="checkbox"/>	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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>2014</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</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 9-11-18

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 _____

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – *MAY 7, 2018*

November 7, 2018

Homeowner
12218 Pleasant Springs Court
Fulton, MD 20759

RE: Highland Reserve, Lot 16
12218 Pleasant Springs Court
Building Permit: B18000905
Well Permit: HO-14-0008

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 **11/1/2018**. Final approval of the well line connection to the dwelling was granted on **9/11/2018**. The well construction was completed on **6/30/2014**. Water samples were collected on **9/24/2018, 10/4/2018**.

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 **6/22/2014**. Results showed a Gross Alpha level of **47.1 ± 4.6 pCi/L** and a Gross Beta level of **14.4 ± 2.5 pCi/L**. **This exceeds the maximum contaminant level (MCL) combined Radium 226 and 228 of 5.0 pCi/L.**

After installation of a radionuclide removal device (Water Softener), post-treatment water samples were collected on **9/24/2018** and indicated a combined Radium 226/228 level of **1.0 pCi/L** which is below the MCL of 5 pCi/L.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.

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

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-14-0008. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

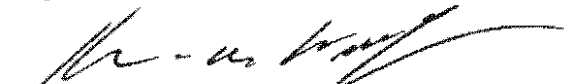
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 Maryland 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](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

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



Bact, Nitrates, Turb - 9/24
Gross Alpha + Radium 226/228 - 10/13

HOME LAND ENVIRONMENTAL HEALTH LABS

Healthy Homes Start Here

PH (443) 505-8375 FX (443) 267-0098
9106 Philadelphia Road
Suite 108B
Rosedale, MD 21237
lab@mdwellandseptic.com
www.mdwellandseptic.com

Chain Of Custody Form

Well Water Solutions, Inc
Client Name
5163 Darling Bird Lane, Columbia, MD 21044
Address
410-935-7185
Phone
jemoeman@wellwatersolutions.net &
Email jbieber@wellwatersolutions.net

Site Address:
MB Lot- 16
12218 Pleasant Springs Court
Fulton, MD 20759

Field Collection Information: Collector's Name: Janet Walker Sampler ID #: 9006JW 9/5/21
Collected Date and Time: 9/24/18 @ 1:45
Well Tag Number: HO- 14-008 /Building Permit #B- 18000905 Sand: ~~Yes~~ / No
Field PH: 6.4 Field Chlorine: ~~Present~~ / Absent
Clear when Water Drawn: Yes / No Was Well Chlorinated? Yes

Requested Testing:

IMPURITY	SOURCE
<input checked="" type="checkbox"/> Bacteria	Bathroom Sink
<input checked="" type="checkbox"/> Nitrates	Kitchen Sink
<input type="checkbox"/> Nitrites	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Iron	
<input checked="" type="checkbox"/> Turbidity	Kitchen Sink
<input checked="" type="checkbox"/> Other: Radium Short Term Gross Alpha	Kitchen Sink
<input checked="" type="checkbox"/> Other: Radium Long Term 226 & 228	Kitchen Sink

Well Casing/Cap Condition:
Height above grade: _____
Cap Type: _____
Casing: _____
Conduit: _____

Water Conditioning: None Sediment Filter Water Softener
First Test- Samples Collected Pre-Treatment First Test- Samples Collected Post Treatment after Sediment Filter & Water Softener

Plumbing Notes: Please add highlighted note. Thanks JW

Release Signatures:
Released By: Janet Walker Date/Time: 9/24/18 @ 2:30
Released By: _____ Date/Time: 9/25/18 @ 8:52
Received in Lab By: Malinda Kelly Date/Time: 9/25 8:52am



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 9106 Philadelphia Road
 Suite 108B
 Rosedale, MD 21237
 lab@mdwellandseptic.com
 www.mdwellandseptic.com

*** RUSH ***

Chain Of Custody Form

Well Water Solutions, Inc
 Client Name
 5163 Darling Bird Lane, Columbia, MD 21044
 Address
 410-935-7185
 Phone
 jemoseman@wellwatersolutions.net &
 Email jbieber@wellwatersolutions.net

Site Address:
 MB Lot 16
 12218 Pleasant Springs Ct
 Fulton, MD 20759

Field Collection Information: Collector's Name: Janet Walker Sampler ID #: 9006JW 9/5/21
 Collected Date and Time: 10/4/18 @ 12:45
 Well Tag Number: HO-14-008 Permit # 18000905 Sand: Yes / No
 Field PH: 6.4 Field Chlorine: Present / Absent
 Clear when Water Drawn: Yes / No Was Well Chlorinated? Yes / No

Requested Testing:

IMPURITY	SOURCE
<input type="checkbox"/> Bacteria	
<input type="checkbox"/> Nitrates	
<input type="checkbox"/> Nitrites	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Iron	
<input checked="" type="checkbox"/> Turbidity	<u>RAW PT</u>
<input type="checkbox"/> Other	

Well Casing/ Cap Condition:

Height above grade: _____
 Cap Type: _____
 Casing: _____
 Conduit: _____

Water Conditioning: None

Plumbing Notes: (Please return COC w/ Results)

Release Signatures:

Released By: [Signature] Date/Time: 10/4/18 @ 3:00
 Released By: [Signature] Date/Time: 10/5/18 @ 9:55
 Received in Lab By: [Signature] Date/Time: 10/5/18 9:55

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Information	Customer Information
Property Address: 12218 Pleasant Springs Court, MB Lot- 16 Fulton, MD 20759 Well Tag Number: HO-14-008 / Building Permit #B-18000905	Name: Well Water Solutions Phone Number: (410) 935-7185 Email: jemoseman@wellwatersolutions.net

Field Data		
Date & Time Sampled: 9/24/2018 1:45PM Date & Time Received: 9/25/2018 8:52AM Sampled By: Janet Walker Sampler ID: 9006JW Sample Location: Kitchen sink, Bacteria – Bathroom sink	pH: 6.4 Chlorine Residual: 0.0 Clarity: Clear Sand: None Preservation: Cool, 4°C	Well Type: Not noted Well Height: Not noted Cap Type: Not noted Casing: Not noted Conduit: Not noted
Water Conditioning: Sediment Filter, Water Softener (First Test – Samples collected post treatment after sediment filter & water softener)		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	9/26/2018
<i>E. Coli</i>	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	9/26/2018
Nitrate-Nitrite	EPA 353.2	ND	Pass	mg/L	10.0	0.5	KMB	9/25/2018
Turbidity	EPA 180.1	2.97	Pass	NTU	10.0	0.5	KMB	9/25/2018
Gross Alpha	EPA 900.0	1.1	Pass	pCi/L	15.0	-	FRC	9/28/2018
Radium 226	EPA 903.1	<0.2	Pass	pCi/L	5.0	-	FRC	10/3/2018
Radium 228	EPA Ra-05	<0.8	Pass	pCi/L	5.0	-	FRC	10/3/2018

Approved By:

Kevin Barnaba

Kevin Barnaba, Lab Director

Report Date: 10/3/2018

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

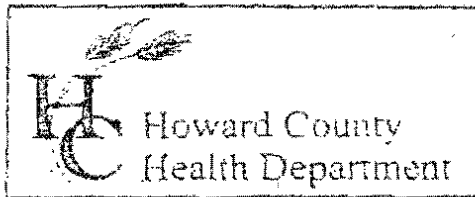
Property Information	Customer Information
Property Address: MB Lot 16, 12218 Pleasant Springs Court Fulton, MD 20759 Well Tag Number: HO-14-008 Permit B-18000905	Name: Well Water Solutions Phone Number: (410) 935-7185 Email: jemoseman@wellwatersolutions.net

Field Data		
Date & Time Sampled: 10/4/2018 12:45PM	pH: 6.4	Well Type: Not noted
Date & Time Received: 10/5/2018 9:55AM	Chlorine Residual: 0.0	Well Height: Not noted
Sampled By: Janet Walker	Clarity: Clear	Cap Type: Not noted
Sampler ID: 9006JW	Sand: None	Casing: Not noted
Sample Location: Raw PT	Preservation: Cool, 4°C	Conduit: Not noted
Water Conditioning: None		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	ND	Pass	NTU	10.0	0.5	KMB	10/5/2018

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Report Date: 10/5/2018



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

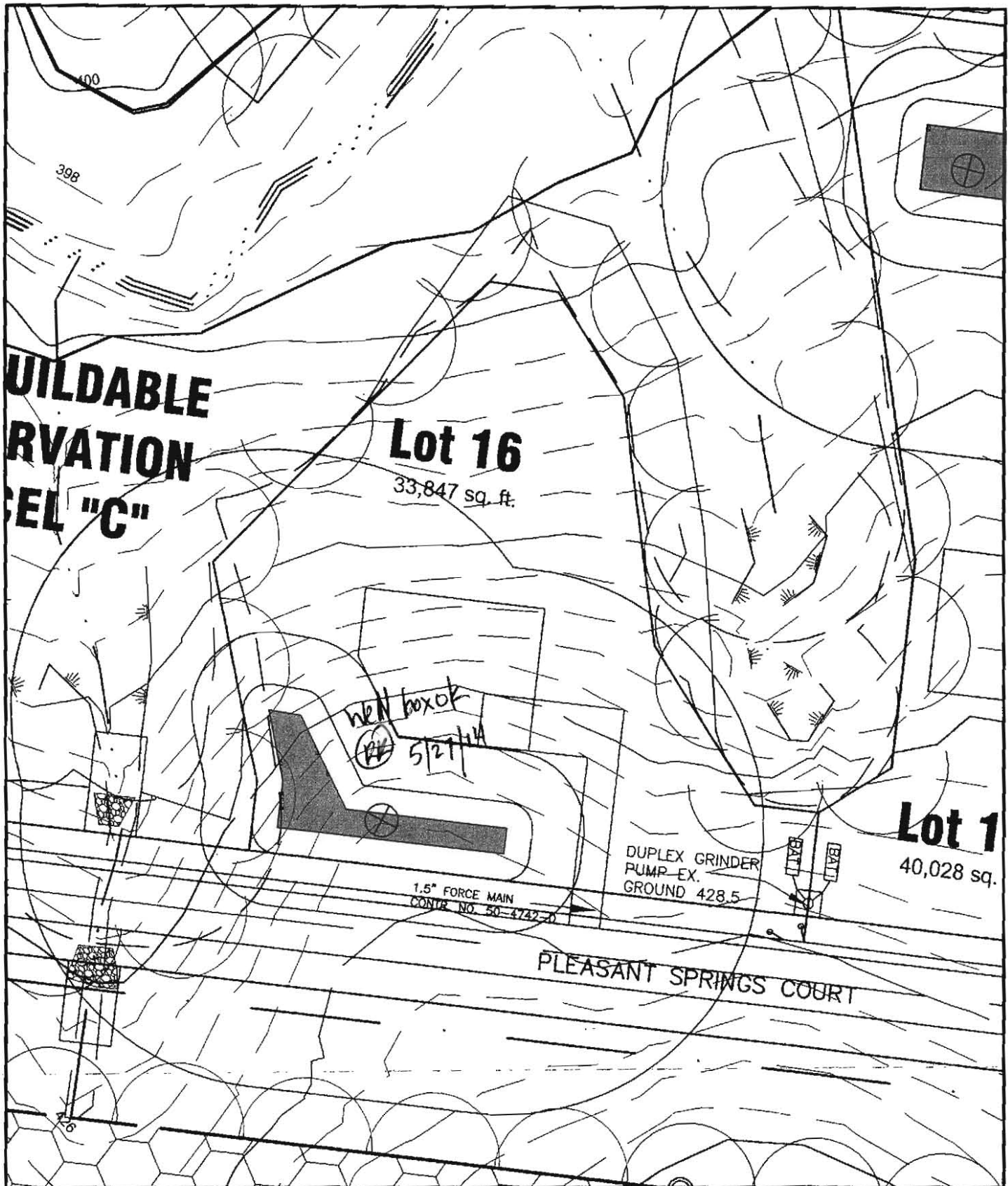
TO ALL INTERESTED PARTIES

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



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 16

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

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



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

Lot 16

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Maurice Carmichael and Kelly Martin ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12218 Pleasant Springs Court, Fulton, MD 20759 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # 24, Parcel # 200, Deed Reference # _____ and Tax Account # 05-597449 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO14-0008 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device; which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department

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MRC

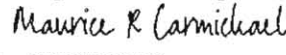
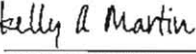

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kmm

ym

shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

	1/21/2018	_____	_____
<small>8067D79E609D4B6...</small>	Date	Witness	Date
<small>Owner</small>			
<small>DocuSigned by:</small>			
	1/26/2018	_____	_____
<small>9EAFCC1569D304CE...</small>	Date	Witness	Date
<small>Owner</small>			
	3/27/18	_____	_____
Howard County Health Department	Date		

AM

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

DATE: April 13, 2018

To Applicant: MB Browns Bridge Court LLC.
C/o Marc Quint, E-mail: MQuint@mitchellbest.com

RE: **Building Permit # B18000905**
Regan Property, Lot #16
12218 Pleasant Springs Court
Fulton, MD 20758

Mr. Quint,

Your building permit has not been approved and the following items must be submitted for further review.

1. The floor plans for 6 bedrooms have been submitted. Building permit is for 5 bedrooms. (Spoke with John Carney for revisions.)
2. On June 23, 2014 a water sample was collected during a yield test. Results from the screening indicated elevated levels for **Gross Alpha** and higher than typical for **Gross Beta**. Given the elevated findings, installation of a water softener system and / or reverse osmosis system will likely be necessary. If you elect to install treatment upfront, only a post short and long term **Gross Alpha** and **Beta**, plus a post **Radium 226/228** will be needed to properly evaluate the effectiveness of the installed treatment. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. Also note this is in addition to other standard testing parameters (bacteria, nitrate, turbidity and sand) that will still be required to help secure Use and Occupancy. **This requirement will not interfere with building permit approval.**

If you have an additional questions don't hesitate to give me a call.

Respectfully,

Dana Bernard

Dana Bernard, REHS/RS
Environmental Sanitarian II
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



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

February 12, 2015

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

RE: Regan Property Lot 16
Pleasant Springs Court
Well Tag: HO - 14 - 0008

To Whom it May Concern:

A sample was collected during a yield test on June 23, 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 47.1 ± 4.6 picocuries/liter (pCi/L), while the **Gross Beta** level was 14.4 ± 2.5 pCi/L. The **Gross Alpha** result was well above 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 not meet** EPA regulatory standards. Given the elevated readings (both initial and confirmatory) for **Gross Alpha**, additional testing **for these parameters** will be required to secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system may likely be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

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

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

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

Lab No. 0002877 #25

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Reagan Property - Lot 16 County: Howard

Sample Source: HC 0008 Location: HO-14-0008
(Well no., lab sink, sample tap, etc.)

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

County 113 Plant No.

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CHECK (one per Box)

Type	Service	Point of Collection	Testing
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: 3

Collector: R. Rappaport Telephone No.: 410-313-1781

Date Collected: 6/23/2014 Time Collected: 10:30 a.m. p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken @ yield test

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2877	EPA 900.0	47.1 ± 4.6	6/26/14	CWB	6/27/14
<input checked="" type="checkbox"/>	Gross Beta	4100	2877		14.4 ± 2.5			
<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: 06/25/14 Received By: C. WATY-Boyd

Data Release Signature: Deborah Miller - JWB Date: 6/27/14

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: Bert Nixon
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

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

Lab No.
0002875 #25

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Howard County Health Dept County: Howard
 Sample Source: HC.0000 (Field blank) Location: 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	
Drinking Water	<input checked="" 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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

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

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

Submitters Code: _____ Federal Project: S
 Collector: R Rappaport Telephone No.: 410-313-1781
 Date Collected: 6/24/14 Time Collected: _____ a.m. 3:00 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken in lab w/ distilled water

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2875	EPA 9000	<2.0	6/26/14	CWB	6/27/14
<input checked="" type="checkbox"/>	Gross Beta	4100	2875	"	<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: 06/25/14 Received By: C WATY-Boyd
 Data Release Signature: Debra Miller Date: 6/27/14

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