

C1 16638

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

DATE RECEIVED MM DD YY 08 13 14

DATE WELL COMPLETED MM DD YY 7/8/14

DEPTH OF WELL 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0009

OWNER MB Highland Reserve, WELL SITE ADDRESS Pleasant Springs Ct, TOWN Highland, SUBDIVISION Regan Property, SECTION, LOT 17

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale (0-14), Gray Limestone (14-500), White Gray (500-600).

GRROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 8, NO. OF POUNDS 132, DEPTH OF GROUT SEAL 20

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing 06, Total depth of main casing 21

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD

DEPTH (nearest ft.) HO 21 600

Table for SCREEN RECORD with columns for slot size and diameter of screen.

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

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

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2.5, WATER LEVEL (distance from land surface) BEFORE PUMPING 17, WHEN PUMPING 240

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO, 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 49, below 01 (nearest foot)

LATITUDE 39.1833572, LONGITUDE 76.9426340 (DEFAULT COORD. WGS 84)

NOTES:

B 1 20795

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-14-0009 fill in this form completely

546306-0 please type

Date Received (APA)

04 10 14

OWNER INFORMATION

MB Highland Reserve, LLC
1686 E. Gude Dr
Rockville md 20850

LOCATION OF WELL

Howard
Reagan Property
Highland

DRILLER INFORMATION

Allen Compton M S D 009
Fogles Well Drilling LLC
P.O. Box 202 Woodbine Md 21797
Allen Compton 4-10-14

SOURCES OF DRILLING WATER

Pleasant Springs Ct
Point Ridge Dr
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 500 FT

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
OPEN LOOP GEOTHERMAL
CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A530307 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05/27/2014
CO SIGNATURE EXPI DATE 5/27/15

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
AIR-ROTary
CABLE
JETTED
AIR-PERcussion
REVerse-ROTary
Jetted & DRIVEN
ROTARY (Hydraulic Rotary)
DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

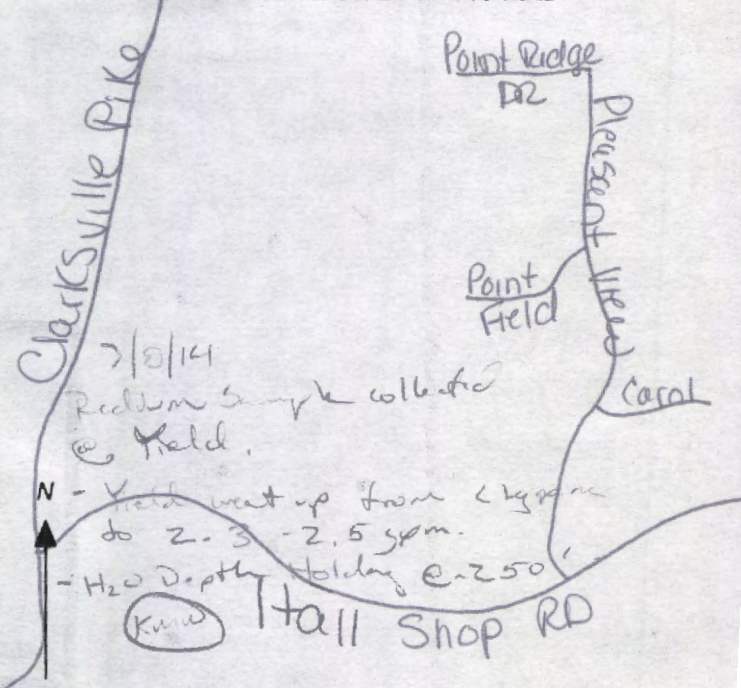
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER HO 2014G002

PERMIT No. HO-14-0009

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium sample required @ the yield test

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14-0009
 Location of property (road) Pleasant Springs Ct.
 Subdivision Legan Pk. Lot 17 Block _____ Plat _____ Sec _____
 Well Driller Fugles Owner M.B. Highland Reserve

Depth of well 600'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 17'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12
 Total time 45 min. to reach pumping water level 240 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)
7:30	17	5		12
7:45	128	5		12
8:00	201	6		10
8:15	240	7		8.5
8:30	240	24		2.5
8:45	240	24		2.5
9:00	239	24		2.5
9:15	239	24		2.5
9:30	238	24		2.5
9:45	238	24		2.5
10:00	237	24		2.5
10:15	237	24		2.5
10:30	236	24		2.5
10:45	236	24		2.5
11:00	235	24		2.5
11:15	235	24		2.5
11:30	235	24		2.5
11:45	235	24		2.5
12:00	235	24		2.5
12:15	235	24		2.5
12:30	235	24		2.5
12:45	235	24		2.5
1:00	235	24		2.5

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

INSPECTION 3/20/19 PM

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 638
Ashton, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): DAVID RYCKE License# 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 #: 17 Well Tag #: HO-14-009
 Site Address: 1224 PLEASANT SPRINGS CT
FULTON

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>SHAEFER</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>LHP</u>	Model #: <u>PA 500</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>10</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>2.5</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>✓</u>

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 NA

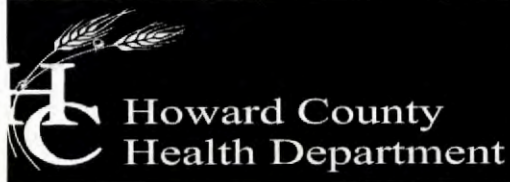
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 3/13/19

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

Date Insp. Requested: 3/20/19 Date Insp. Approved: 6/18/19
 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 x buried - notified builder
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓



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 17**
Pleasant Springs Court
Well Tag: HO - 14 - 0009

To Whom it May Concern:

A sample was collected during a yield test on July 8, 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 81.4 ± 6.0 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.6 ± 2.3 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 likely will 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

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – *DECEMBER 18, 2019*

June 18, 2019

Homeowner
12224 Pleasant Springs Court
Fulton, MD 20759

RE: Highland Reserve, Lot 17
12224 Pleasant Springs Court
Building Permit: B08004000
Well Permit: HO-14-0009

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 **6/17/2019**. Final approval of the well line connection to the dwelling was granted on **6/18/2019**. The well construction was completed on **7/8/2014**. Water samples were collected on **5/29/2019**.

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 **2/12/2015**. Results showed a Gross Alpha level of **81.4 ± 6.0 pCi/L** and a Gross Beta level of **4.6 ± 2.3 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 **5/29/2019** 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-14-0009. 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

HOME LAND

L A B S

"Healthy Homes Start Here"

State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 5/31/2019

Client: Well Water Solutions
Property Address: Lot 17
12224 Pleasant Springs Court
Fulton, MD 20759
Building Permit # B-18224000
Date & Time Sampled: 5/29/2019 8:30AM
Date & Time Received: 5/30/2019 9:25AM
Sampled By: Janet Walker
Sampler ID Number: 9006JW
Sample Location: Bacteria sample collected
RAW no treatment from first floor bathroom
sink, all other samples collected RAW no
treatment from kitchen sink
Preservation: Cool, 4°C

Chlorine Residual: 0.0
Field pH: 7.87
Well Type: Drilled
Well Height: 18"
Cap Type: Sanitary
Casing: Steel
Conduit: PVC
Well Tag Number: HO-14-0009 ✓
Clarity: Clear
Sand: None Observed -
Water Conditioning Appears to be: None, all
samples collected RAW
Note: Property does not have water treatment, all
samples collected RAW from a tap with no water
treatment - Water Softener for radium installed
after potability samples collected

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	Absent ✓	Pass ✓	Per/100mL	Present	1.0	AND-353	5/31/2019
<i>E. Coli</i>	Colitag	Absent ✓	Pass	Per/100mL	Present	1.0	AND-353	5/31/2019
Nitrate+Nitrite	EPA 353.2	ND ✓	Pass	mg/L	10.0	0.5	MAK-353	5/30/2019

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	0.60 ✓	Acceptable	NTU	10.0	0.5	KMB-353	5/31/2019

Note: This report is confidential and is for the sole use of the addressee.

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237

443.505.8375
lab@homelandhealthyhomes.com

HOME LAND

L A B S

"Healthy Homes Start Here"

State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 6/10/2019

Client: Well Water Solutions
Property Address: Lot 17
12224 Pleasant Springs Court
Fulton, MD 20759
Building Permit # B-18224000
Date & Time Sampled: 5/29/2019 4:30PM
Date & Time Received: 5/30/2019 9:25AM
Sampled By: Janet Walker
Sampler ID Number: 9006JW
Sample Location: Radium collected post
treatment after water softener from kitchen sink
Preservation: Cool, 4°C
Note: Radium collected post treatment from tap
after water treatment – the only water treatment
on property & in use at time of collected was
water softener

Chlorine Residual: 0.0
Field pH: Not noted
Well Type: Drilled
Well Height: 18"
Cap Type: Sanitary
Casing: Steel
Conduit: PVC
Well Tag Number: HO-14-0009
Clarity: Clear
Sand: None Observed
Water Conditioning Appears to be: Water
Softener

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Gross Alpha	EPA 900.0	5.1	Pass	pCi/L	15.0	1.2	FRC*	6/4/2019
Gross Beta	EPA 900.0	<2.3	Pass	pCi/L	50.0	2.3	FRC*	6/4/2019
Radium 226	EPA 903.1	<0.2	N/A	pCi/L	N/A	0.2	FRC*	6/10/2019
Radium 228	EPA Ra-05	<0.9	N/A	pCi/L	N/A	0.9	FRC*	6/10/2019
Combined Radium 226 & 228	EPA 903.1 & EPA Ra-05	<1.1	Pass	pCi/L	5.0	-	FRC*	6/10/2019

Note: This report is confidential and is for the sole use of the addressee.

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237

443.505.8375
lab@homelandhealthyhomes.com

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

000087-193

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HEHD County: Howard
 Sample Source: Distilled H₂O Location: lab
 Radon-222 Bottle A _____ (Well no., lab sink, sample tap, etc.)
 Bottle B FRKW 7814
 Radon-222 Field Blank Plant No. _____
 Bottle B _____

County: 13

CHECK (one per Box)

Type
 Drinking Water
 Landfill
 Stream
 Other

Service
 Community
 Non-Community
 Private
 Other

Point of Collection
 Source (Raw)
 Distribution (treated)
 MCL

Testing
 Emergency
 Routine
 Recheck
 Special

Submitters Code: Federal Project:

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

Date Collected: 7-8-14 Time Collected: a.m. 4:30 p.m.

Field pH: Field Chlorine:

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Field Blank for Gross or B

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0087	EPA 9090	<2.0	7/15/14	MS	7/15/14
<input type="checkbox"/> Gross Beta	4100			<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 checked="" type="checkbox"/> F.B. Grossed							

Date Received: 07/09/14 Received By: C. Watts - Boyd
 Date Release Signature: Robert Miller Date: 7/15/14

Lab Use Only		Yes	No	N/A
Sample Intact upon arrival?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sample pH <2.0?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Received within holding time?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SEND REPORT TO:

Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property

County: Howard

Sample Source: Pleasant Springs Ct. - Lot (17)

Location: HO-95-0009

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

Radon-222 Bottle A HO KW 0009

~~Radon-222~~ Field Blank

Bottle A FBKW7814

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:

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 7-8-14

Time Collected: _____ a.m. 2 p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: pH < 2.0
sample collected @ field

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000						
<input checked="" type="checkbox"/>	Gross Beta	4100						
<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: _____

Received By: _____

Data Release Signature: _____

Date: _____

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

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD

County: Howard

Sample Source: Distilled H₂O

Location: Lab

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

Radon-222 Bottle A _____

~~Field Blank~~

Bottle A FB KW 7814

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: —

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2-8-14

Time Collected: 4:30 p.m.

Field pH: —

Field Chlorine: —

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Field Blank for Gross α & β

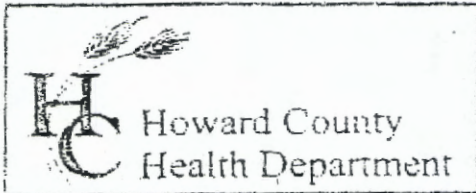
<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<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 checked="" type="checkbox"/>	<u>F.B. Gross α & β</u>							

Date Received: _____ Received By: _____

Data Release Signature: _____ Date: _____

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



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

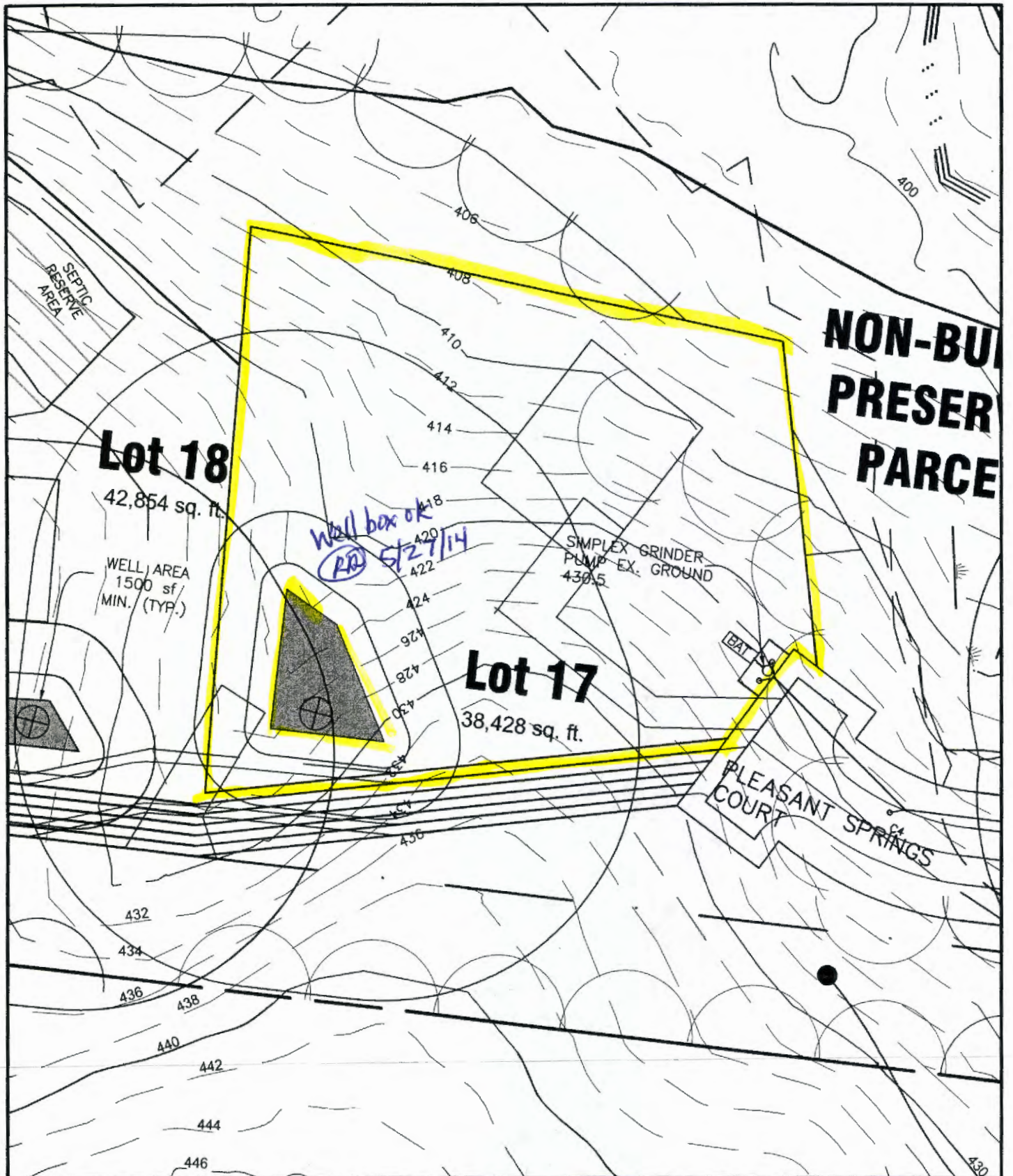
TO ALL INTERESTED PARTIES

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
 ENGINEERS • LAND SURVEYORS • PLANNERS
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 17

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 3/11/2014