

C 1 4087  
 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

ST/CO USE ONLY DATE RECEIVED MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 600 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-2047

OWNER BALAKRISKY, MICHAEL first name last name  
 WELL SITE ADDRESS BRADEN WOOD TOWN CLARKSVILLE  
 SUBDIVISION CHAPEL ESTATES SECTION LOT 2

**WELL LOG**  
 Not required for driven wells

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

| DESCRIPTION (Use additional sheets if needed) | FEET |     | check if water bearing |
|---|------|-----|------------------------|
|   | FROM | TO  |                        |
| Top soil                                      | 0    | 2   |                        |
| Brown clay                                    | 2    | 6   |                        |
| Brown mica                                    | 6    | 15  |                        |
| Sandstone                                     | 15   | 26  | ✓                      |
| Gray mica                                     | 26   | 110 |                        |
| Brown mica                                    | 110  | 111 | ✓                      |
| Gray mica                                     | 111  | 350 |                        |
| Flint Gray mica                               | 350  | 450 |                        |
| Gray mica                                     | 450  | 600 |                        |

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 35 NO. OF POUNDS 3500  
 GALLONS OF WATER 210  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 TOP 52 ft. to 55 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 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 ST 6 60  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
 A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER  
 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. 1 M W D 040  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 J S D 038

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

**C 2** DEPTH (nearest ft.)  
 1 2  
 1 10 58 600  
 A 8 9 11 15 17 21  
 C 2 23 24 26 30 32 36  
 H 38 39 41 45 47 51  
 S R E N  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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

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

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3 8 9  
 PUMPING RATE (gal. per min.) 12 11 15  
 METHOD USED TO MEASURE PUMPING RATE 300 Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 38 17 20 ft.  
 WHEN PUMPING 174 22 25 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP YES NO  
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } (nearest foot)  
 49 50 51

LATITUDE 3 9.232888  
 LONGITUDE 7 6.924684  
 (DEFAULT COORD. WGS 84)  
 NOTES:

B 1 29223

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 14 - 0047

please type

fill in this form completely

546377

12587

Date Received (APA)

05 27 14

OWNER INFORMATION

BALAKIRSKY MICHAEL

11755 BRAGDON WOOD

CLARKSVILLE, MD 21029

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

Chapel Estates

23 SUBDIVISION 42

SECTION 44 46 LOT 2 48 50

Clarksville

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M WD 040

L. Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md. 21771

George F. Easterday 5/20/2014

B 4

SOURCES OF DRILLING WATER

- 1. wells

Bragdon Wood

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 350 37 DISTANCE FROM ROAD FT.

TAX MAP: 45 BLK: PARCEL 9

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 546377 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 6/16/14 H. Oswald 6/16/15

43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

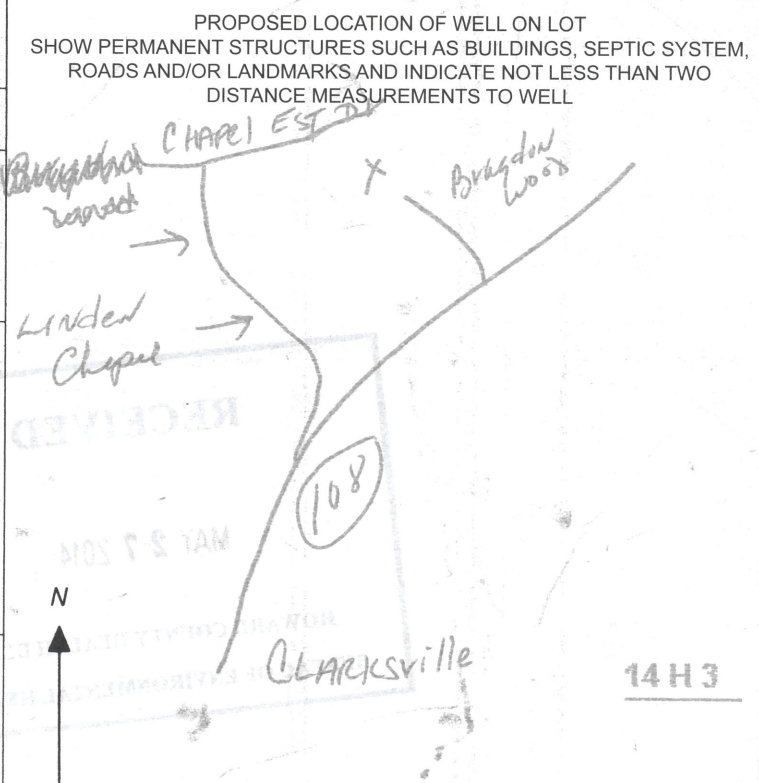
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G

PERMIT No. HO - 14 - 0047



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

The well must be constructed using a steel well casing, which must be installed to a minimum depth of 50' below ground surface or 10' into unconsolidated bedrock, whichever is deeper. Prior to drilling the well, please call the Health Dept. to schedule the installation date. The Health Dept. will need at least

8:30 10-31-14

FIELD DATA SHEET  
 COUNTY WELL YIELD TEST

Well Permit No. ~~DA-140-14-0047~~ Election District \_\_\_\_\_  
 Location of property (road) BRADON WOOD Dr.  
 Subdivision CHAPEL EST Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller EASTERDAY Owner BALAKIRSKY, MICHAEL

Depth of well 600 <sup>2060m</sup>  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15 G.P.M  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test date - observations to be recorded every 15 minutes.

| TIME  | WATER LEVEL<br>below M.P. | PUMPING RATE<br>time to fill<br>1 gallon bucket | FLOW METER READING<br>(if used) | CALCULATED FLOW<br>(gallons per minute) |
|-------|---------------------------|---|---------------------------------|---|
| 8:30  | 38'                       | 4 sec   |                                 | 15 G.P.M                                |
| 8:45  | 80'                       | 4 sec   |                                 | 15 G.P.M                                |
| 9:00  | 111'                      | 4 sec   |                                 | 15 G.P.M                                |
| 9:15  | 129'                      | 5 sec   |                                 | 12 G.P.M                                |
| 9:30  | 141'                      | 5 sec   |                                 | 12 G.P.M                                |
| 9:45  | 148'                      | 5 sec   |                                 | 12 G.P.M                                |
| 10:00 | 154'                      | 5 sec   |                                 | 12 G.P.M                                |
| 10:15 | 159'                      | 5 sec   |                                 | 12 G.P.M                                |
| 10:30 | 162'                      | 5 sec   |                                 | 12 G.P.M                                |
| 10:45 | 166'                      | 5 sec   |                                 | 12 G.P.M                                |
| 11:00 | 169'                      | 5 sec   |                                 | 12 G.P.M                                |
| 11:15 | 172'                      | 5 sec   |                                 | 12 G.P.M                                |
| 11:30 | 174'                      | 5 sec   |                                 | 12 G.P.M                                |
|       |                           |   |                                 |   |
|       |                           |   |                                 |   |
|       |                           |   |                                 |   |
|       |                           |   |                                 |   |

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

**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: \_\_\_\_\_ 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 - 0047  
 Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_  
 Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM NSF/WSC approved: \_\_\_\_\_

**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: \_\_\_\_\_

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
 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: 02/21/2019 Date Insp. Approved: 02/21/2019 Inspector: \_\_\_\_\_  
 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

✓ 39" 2/21/2019 Ⓢ  
✓ 25" 2/21/2019 Ⓢ  
✓ 13" 2/21/2019 Ⓢ  
✓

(Revised form 10/24/2018)

**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: Robert L. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Russel C. George License# PI0148

**\*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: Mrs Nisha Patel Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 14 - 0047  
Site Address: 11811 CHAPEL ESTATES DRIVE  
CLARKSVILLE, MD 21029

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: 12.0 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap: Yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve 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.**

Russell C. George      2/20/2019  
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: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 26, 2019

June 26, 2019

Homeowner  
11811 Chapel Estates Drive  
Clarksville, MD 21029

**RE: Chapel Rise, Lot 2**  
**11811 Chapel Estates Drive**  
**Building Permit: B18000473**  
**Well Permit: HO-14-0047**

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 **6/24/2019**. Final approval of the well line connection to the dwelling was granted on **2/21/2019**. The well construction was completed on **10/30/2014**. Water samples were collected on **6/18/2019**.

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 **10/31/2014**. Results showed a Gross Alpha level of **6.0 ± 1.9 pCi/L** and **Gross Beta** level of **10.5 ± 2.1 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0047. 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.**

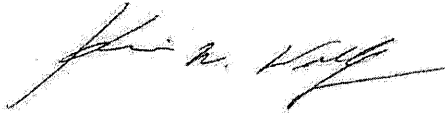
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**Maura J. Rossman, M.D., Health Officer**

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 Environment 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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 130846 Account #: 1919  
Reference: Nasha Patel Company: Robert L. Feezer Co. Inc.  
Location: 11811 Chapel Estates Drive Requested By: Rusty George  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/18/2019 1155 Site: Pressure Tank  
Date/Time Rec'd: 6/18/2019 1426 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Yeager 6176JY Well #: HO-14-0047

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST      |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 6/19/2019 / 1020 / CRS |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 6/19/2019 / 1020 / CRS |
| Nitrate                        | <1.0    | mg/L        | 10        | 601                | 6/19/2019 / 0630 / CRS |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 6/19/2019 / 0700 / CRS |
| Turbidity                      | 8.61    | NTU         | <10       | SM20 2130B         | 6/19/2019 / 0700 / CRS |

### NOTES

- 1 \*\*Prior to Neutralizer/Softener/Sediment Filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 pH & Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 18000473

Date Reported: 6/19/2019

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 130848 Account #: 1919  
Reference: Nasha Patel Company: Robert L. Feezer Co. Inc.  
Location: 11811 Chapel Estates Drive Requested By: Rusty George  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/18/2019 1215 Site: Downstairs Bar Tap  
Date/Time Rec'd: 6/18/2019 1426 Treatment: Neutralizer/Softener/Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 7.5  
Collected By: J. Yeager 6176JY Well #: HO-14-0047

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST      |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 6/19/2019 / 1020 / CRS |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 6/19/2019 / 1020 / CRS |
| Nitrate                        | <1.0    | mg/L        | 10        | 601                | 6/19/2019 / 0630 / CRS |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 6/19/2019 / 0700 / CRS |
| Turbidity                      | 0.56    | NTU         | <10       | SM20 2130B         | 6/19/2019 / 0700 / CRS |

*- Needs to be run via-tapped.*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 18000473

Date Reported: 6/19/2019

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 130847 Account #: 1919  
Reference: Nasha Patel Company: Robert L. Feezer Co. Inc.  
Location: 11811 Chapel Estates Drive Requested By: Rusty George  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/18/2019 1155 Site: Pressure Tank  
Date/Time Rec'd: 6/18/2019 1426 Treatment: Neutralizer/Softener/Sediment Filter\*  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Yeager 6176JY Well #: HO-14-0047

| PARAMETERS              | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST      |
|-------------------------|---------|-------|-----------|--------|------------------------|
| Gross Alpha, Short Term | 21.6    | pCi/L | 15        | 900.0  | 6/20/2019 / 0752 / MJN |
| Gross Beta, Short Term  | 27.8    | pCi/L | 50        | 900.0  | 6/20/2019 / 0752 / MJN |

### NOTES

- 1 Gross Alpha Detection Limit: 2.3 pCi/L; Gross Beta Detection Limit: 2.8 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 Visual well check: Sealed, vented cap
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 \*Sample collected prior to treatment

Reason for Test : Use & Occupancy  
Building Permit # : 18000473

Date Reported: 6/21/2019

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 130849 Account #: 1919  
Reference: Nasha Patel Company: Robert L. Feezer Co. Inc.  
Location: 11811 Chapel Estates Drive Requested By: Rusty George  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/18/2019 1215 Site: Downstairs Bar Tap  
Date/Time Rec'd: 6/18/2019 1426 Treatment: Neutralizer/Softener/Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 7.5  
Collected By: J. Yeager 6176JY Well #: HO-14-0047

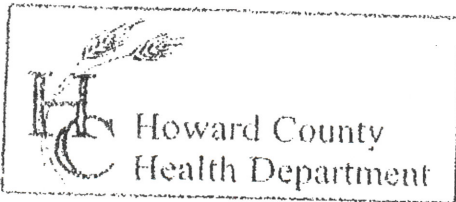
| PARAMETERS              | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST      |
|-------------------------|---------|-------|-----------|--------|------------------------|
| Gross Alpha, Short Term | <2.0    | pCi/L | 15        | 900.0  | 6/20/2019 / 0929 / MJN |
| Gross Beta, Short Term  | <2.4    | pCi/L | 50        | 900.0  | 6/20/2019 / 0929 / MJN |

### NOTES

- 1 Gross Alpha Detection Limit: 2.0 pCi/L; Gross Beta Detection Limit: 2.4 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 18000473

Date Reported: 6/21/2019



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:

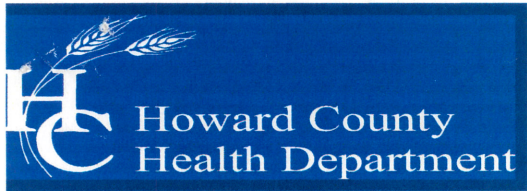
- The well site has been staked by Shanaberger  
(professional land surveyor or company employing professional land surveyors)  
on May 1, 2014 ± (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in 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

BALAKIRSKY  
LOT 2 CHAPEL EST  
Bragdon Wood





**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

December 15, 2014

**Michael Balakirsky  
11755 Bragdon Wood  
Clarksville, Maryland 21029**

**RE: Chapel Estates Lot 2  
Bragdon Woods Drive  
Well Tag: HO - 14 - 0047**

Dear Mr. Balakirsky:

A sample was collected during a yield test on October 31, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $6.0 \pm 1.9$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $10.5 \pm 2.1$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply is **within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure Use & Occupancy approval. Please also note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure final approval for the replacement well.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions or to schedule follow-up testing..

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: Peter Nixon

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

Lab No.  
0000908 2-3

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Estates Chapel ~~ITE~~ Lot 2 County: Howard

Sample Source: Well "Bragdon Woods Dr" (HC 0047) Location: HO-14-0047  
(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.: 410-312-1781

Date Collected: 10/31/14 Time Collected: 11 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken during yield test

| <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     | <u>0908</u> | <u>EPA 900.0</u> | <u>6.0 ± 1.9</u>  | <u>11/5/14</u> | <u>MS</u> | <u>11/6/14</u> |
| <input checked="" type="checkbox"/> | Gross Beta           | 4100     | <u>0908</u> | <u>I</u>         | <u>10.5 ± 2.1</u> | <u>I</u>       | <u>I</u>  | <u>I</u>       |
| <input type="checkbox"/>            | Radium-226           | 4020     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Radium-228           | 4030     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Total Uranium        | 4006     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Radon-222 (Bottle A) | 4004     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Radon-222 (Bottle B) | 4004     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Radon Field Blank A  | 4004     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Radon Field Blank B  | 4004     |             |                  |                   |                |           |                |
| <input type="checkbox"/>            | Tritium              |          |             |                  |                   |                |           |                |
| <input type="checkbox"/>            |                      |          |             |                  |                   |                |           |                |

Date Received: 11/3/14 Received By: Kathy Jones  
Data Release Signature: Rebecca Miller-Jones Date: 11/6/14

| 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

PROGRAM COPY

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.

0907 2-34

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: Distilled water (HG 0000) Location: Howard County Lab

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

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CHECK (one per Box)

| Type   | Service                                | Point of Collection                              | Testing                            |
|--|--|--|------------------------------------|
| Drinking Water <input checked="" type="checkbox"/> | Community <input type="checkbox"/>     | Source (Raw) <input checked="" type="checkbox"/> | Emergency <input type="checkbox"/> |
| Landfill <input type="checkbox"/>                  | Non-Community <input type="checkbox"/> | Distribution (treated) <input type="checkbox"/>  | Routine <input type="checkbox"/>   |
| Stream <input type="checkbox"/>                    | Private <input type="checkbox"/>       | MCL <input type="checkbox"/>                     | Recheck <input type="checkbox"/>   |
| Other <input type="checkbox"/>                     | Other <input type="checkbox"/>         |  | Special <input type="checkbox"/>   |

Submitters Code: [ ] [ ] Federal Project: 5

Collector: R. Pappert Telephone No.: 410-313-1791

Date Collected: 10/31/14 Time Collected: 11 a.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: =

| TEST  | EPA Code | Lab No. | Method No. | Results (pCi/L) | Date Analyzed | Analyst | Date Reported |
|---|----------|---------|------------|-----------------|---------------|---------|---------------|
| <input checked="" type="checkbox"/> Gross Alpha | 4000     | 0907    | EPAG00.0   | <2.0            | 11/5/14       | MS      | 11/6/14       |
| <input checked="" type="checkbox"/> Gross Beta  | 4100     | 0907    | ↓          | <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"/>                        |          |         |            |                 |               |         |               |

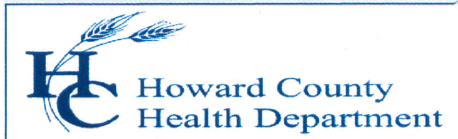
Date Received: 11/3/14 Received By: Kathy Jones

Data Release Signature: Deborah Miller Date: 11/6/14

| 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

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: DECEMBER 2, 2014  
DATE OF SERVICE: OCTOBER 31, 2014  
INVOICE #: 2014-031

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

BILL TO Michael Balakirsky  
11755 Bragdon Wood  
Clarksville, Maryland 21029

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

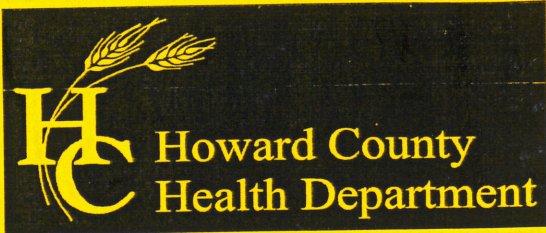
| DATE     | DESCRIPTION  | BALANCE | AMOUNT     |
|----------|--|---------|------------|
| 10/31/14 | Gross alpha/beta testing performed for Chapel Estates<br>Lot # 2<br>HO - 14 - 0047 |         | \$45.00    |
|          |  |         | AMOUNT DUE |
|          |  |         | \$45.00    |

Please detach and return with payment.

| REMITTANCE       |                      |
|------------------|----------------------|
| Invoice #        | 2014-031             |
| Site Information | Chapel Estates Lot 2 |
| Amount Due       | \$45.00              |

*Receipt 55360  
12/9/14*

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



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

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

---

June 16, 2014

L. Franklin Easterday, Inc.  
George F. Easterday  
9265 Brown Church Road  
Mt. Airy, MD 21771  
301-829-1640

*Attached To Well Permit*

**RE: Well Special Condition  
Bragdon Wood, Lot 2  
Clarksville, MD**

Mr. Easterday:

This letter is in response to the well permit application for Bragdon Wood, Lot 2. The well on this lot must be constructed using a steel well casing, which must be installed to a minimum depth of 50 feet below ground surface or 10 feet into competent bedrock, whichever is deeper.

In addition to the above, please contact this office 24 to 48 hours prior to drilling the well. This office needs to be onsite to confirm that the special condition is being met. Please call me at (410) 313-1786 if you would like to discuss the project.

Respectfully,

A handwritten signature in cursive script that reads 'Hank Oswald'.

Hank Oswald, L.E.H.S  
Bureau of Environmental Health  
Well & Septic Program

Cc: Owner

