

B 1
54261

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
563001-E please type

STATE PERMIT NUMBER
HO-17-0308
fill in this form completely

Date Received (APA) 05/25/18
OWNER INFORMATION
8 MM DD YY 13
Land Design + Development
15 Last Name Owner First Name 34
8318 Forrest Street
36 Street or RFD 55
Ellicott City MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Hamen Property
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50 Parcel 108
Ellicott City
52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow W 0355
Driller's Name 76 License No. 81
Barlow Well Drilling
Firm Name
522 Underwood Lane 21044
Address
Signature Date 5/24/18

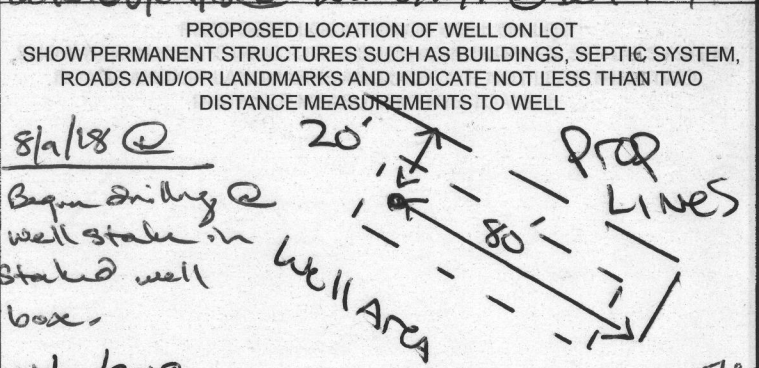
B 4 SOURCES OF DRILLING WATER
1. Well
2.
3.
Folly Quarters Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 Less 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 23 BLK: 9 PARCEL 108

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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
COUNTY NAME
COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 07/16/18
43 MM DD YY 48 CO SIGNATURE EXP. DATE 07/16/19
NEW WELL DATE DNI
Don't forget to call DOG: 8/10/18 @ Don: 1/28/2019

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL NEAREST INCH



METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No. HO-17-0308
70 71 72 73 74 75 76 77 78 79

01/16/2019 Reassigned to lot 110
1/28/2019 - NEW well Box well .53' S&L PUMP - 200' OFFICIAL LOT 108
Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
RADIUM SAMPLES REQ AT YIELD

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - _____
 Location of property (road) _____
 Subdivision HUMAN + LOCUST RIDGE Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller _____ Owner _____

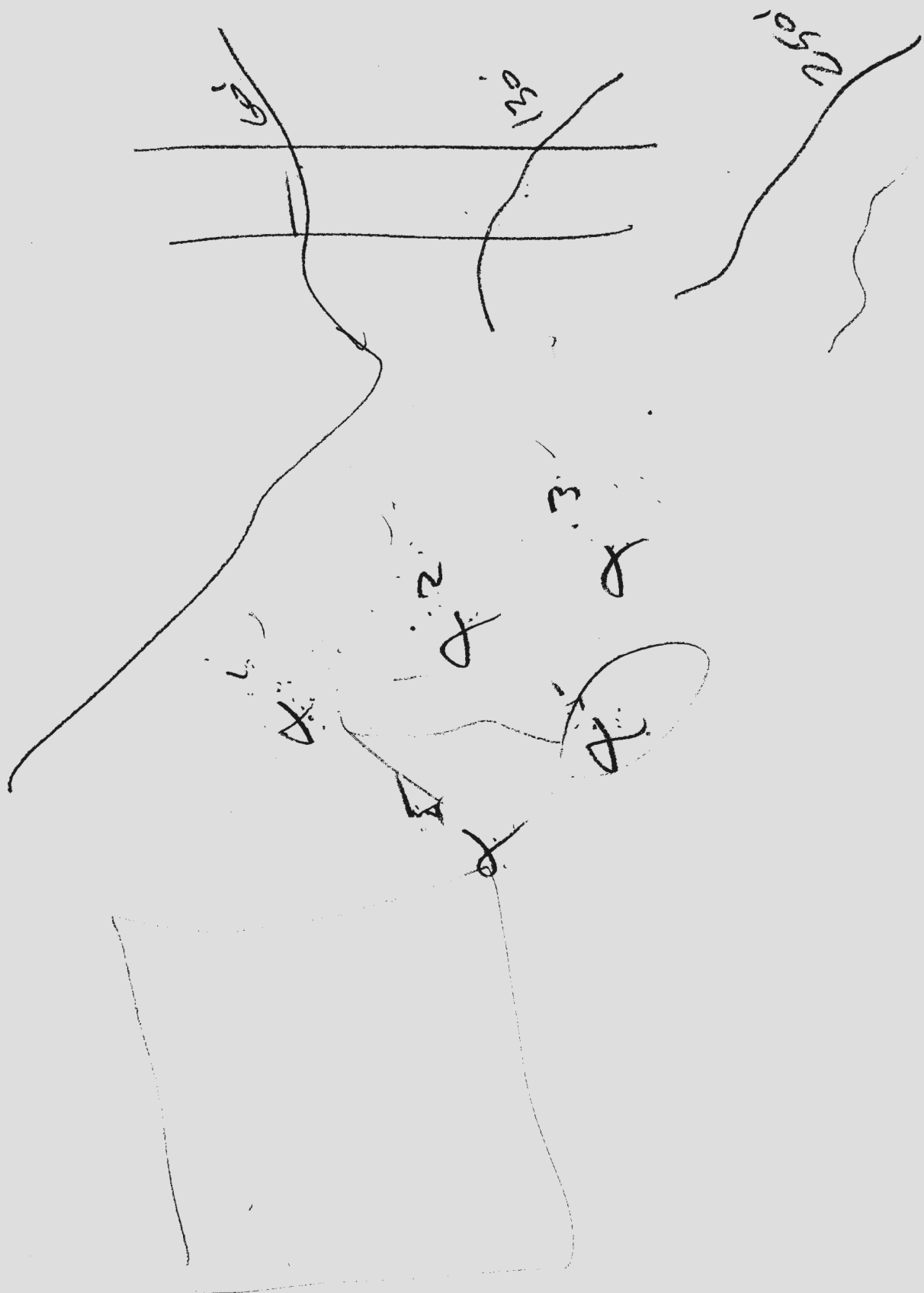
Depth of well _____
 Distance of measuring point (M.P.) above ground _____
 Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
 Total time _____ to reach pumping water level _____ 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)
HO 17-0313	LOT 15	SWL 48'	* 5s	12 gpm
Pump @ 230		14:00 120'		
HO-17-0309	LOT 111	SWL 46'	* 5s	12 gpm
Pump @ 245		14:00 84'		
HO-17-0311	LOT 113	SWL 38'	* 4s	15 gpm
Pump @ 280		14:00 127'		
HO-17	LOT 108	SWL 50'		
		14:00 77'		
	LOT 110	SWL 57'		
		14:00 68'		



sent to Sharnonda on 10/28/2020

1107 1026

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640- FAX: (410)313-2648
313-1771**

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: ATLANTIC BILL, LLC Telephone #: 410 840 2583
Address: 1802 Baltimore Blvd.
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Lirk Sweeney License# 70788
*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: CBT Home, Inc. Telephone #: 410-442-2211
Subdivision: Hyman Property Lot #: 1 Well Tag #: HO-17-0308
Site Address: 3683 Folly Quarter Rd.
Ellicott City, MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Goulds Make: Lampco 11 Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 30' (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house **House Connection**
Type: PIV PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 20'
Depth of supply line: (36" min) Sleeve caulked and 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] 5/18/2020
Signature of company representative responsible for installation date

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

Date Insp. Requested: 8/7/2020 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

GEORGE W. NYE JR
TAX MAP 23 PARCEL 68
LIBER 1356 FOLIO 147

PROPERTY OF
LAWRENCE R HYMAN
TAX MAP 23 PARCEL 11
LIBER 1864 FOLIO 37

20' PRIVATE WELL
EASEMENT FOR THE
USE AND BENEFIT OF
TAX PARCEL #110

PRIVATE WELL
EASEMENT FOR THE
USE AND BENEFIT OF
PARCEL #111
LOT 15, LOCUST
ESTATES

10' PRIVATE
WELL WORKING
STRIP

AREA TO
BE REMOVED
214 54.FY

PROPERTY OF
LAWRENCE R HYMAN
LOIS W HYMAN
TAX MAP 23 PARCEL 110
LIBER 1856
FOLIO 242

10' PRIVATE
WELL WORKING
STRIP

WELL BOX
FOR PARCEL 110

SECTION PLAN
WATERFIELD
SECTION ONE
PAGES 39 - 45
SECTION PARCELS
3, 5A AND 5B
NO. 12257

PROPERTY OF
LAWRENCE R HYMAN
LOIS W HYMAN
TAX MAP 23 PARCEL 1
LIBER 1856 FOLIO 24

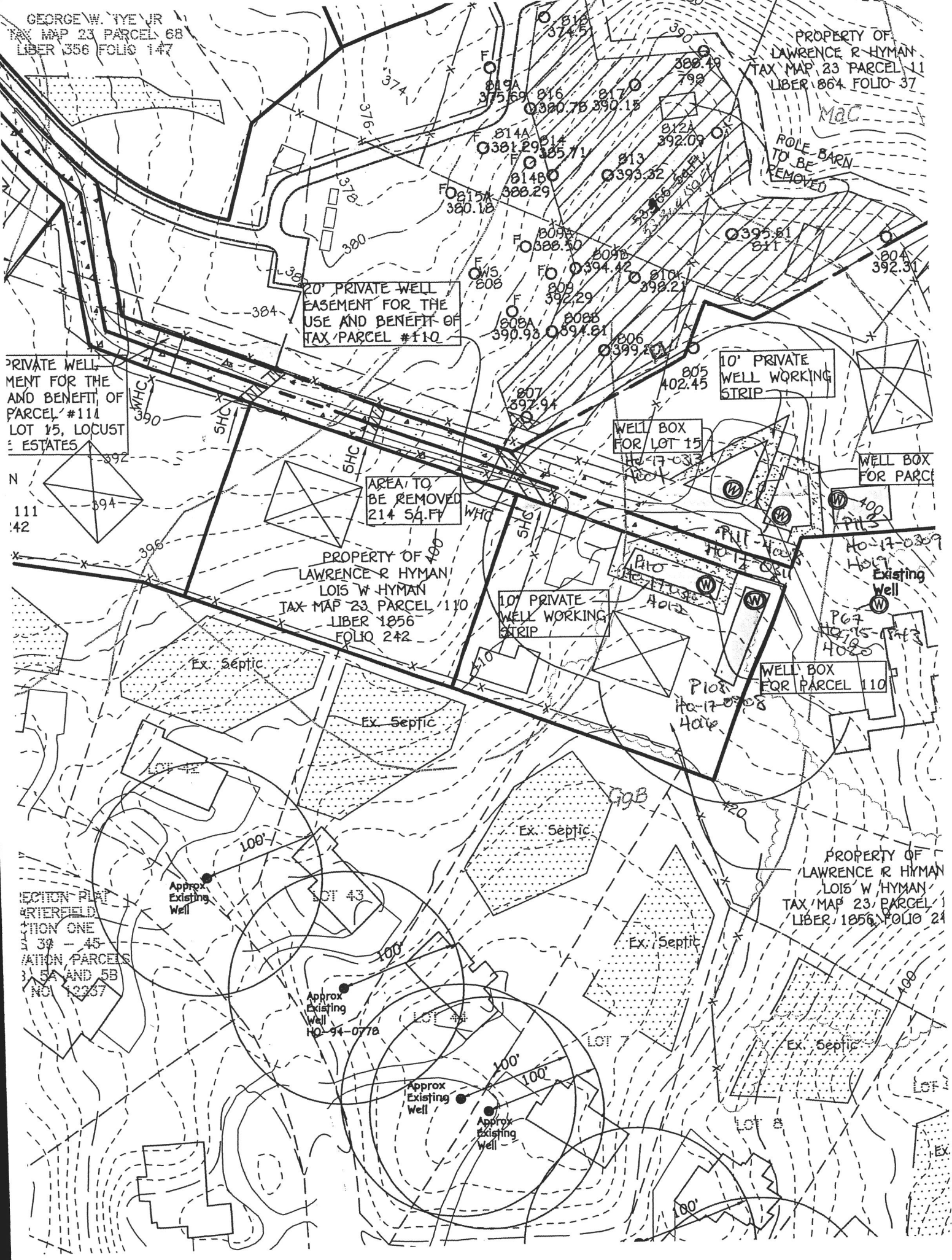
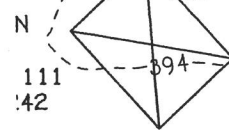
Approx Existing Well

Approx Existing Well
HO-94-077a

Approx Existing Well

Approx Existing Well

Existing Well



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 30, 2021

October 30, 2020

Homeowner
3683 Folly Quarter Road
Ellicott City, MD 21042

RE: Foxleigh, Lot 1
3683 Folly Quarter Road
Building Permit: B20000911
Well Permit: HO-17-0308

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 **10/28/2020**. Final approval of the well line connection to the dwelling was granted on **8/7/2020**. The well construction was completed on **1/28/2019**. Water samples were collected on **10/26/2020**.

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 **1/28/2019**. Results showed a Gross Alpha level of **18.9 ± 2.9 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). In addition, Radium samples were also collected on **9/24/2020**. Results showed a combined radium 226/228 level of **1.6 pCi/L**. 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-17-0308. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

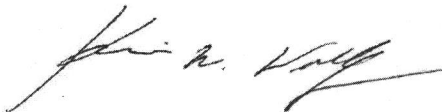
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,




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

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

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

TO: Michael Barlow MWD 355

FROM: Joseph Cabahug 
Licensed Environmental Health Specialist 01997
Howard County Health Department
Well & Septic Program

DATE: July 16th, 2018

RE: Hyman Property Subdivision – Well Special Conditions.

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

All wells are in the 1000 foot Baltimore Gneiss Buffer and Will require Radium Samples at the Yield.

Simultaneous Yield Contingency:

Note 14: Yield Tests must be simultaneous on all wells established within 50' of another newly established well. This simultaneous yield test must occur prior to submittal of building permit. The well completion report, including the yield test data must be approved by the Health Department prior to approval of the respective building permits.

Parcel No. 140:

Note 21: The New Home proposed on Parcel No. 140 requires the installation of a well as shown hereon Percolation Certification signed 06/15/2018. The approval by the Health Department for the Well installation requires the abandonment of the existing septic system on adjoining Parcel No. 28 and connection to the shared septic system.

Please begin drilling in an area of the well box that is 200 feet away or farther from the existing septic system on Parcel No. 28.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2643 or email jcabahug@howardcountymd.gov.

JCC



HOWARD COUNTY HEALTH DEPARTMENT

105 63001

DATE 5/25/18

Received From

Well Permits - Michael [unclear]

PHONE #

410-333-6116

CASH

CHECK

NO. 1112

For Well Permits - Pumping Property Permits

108, 111, 112, 113, 114

2015 Range - 10, 15, 16) permits

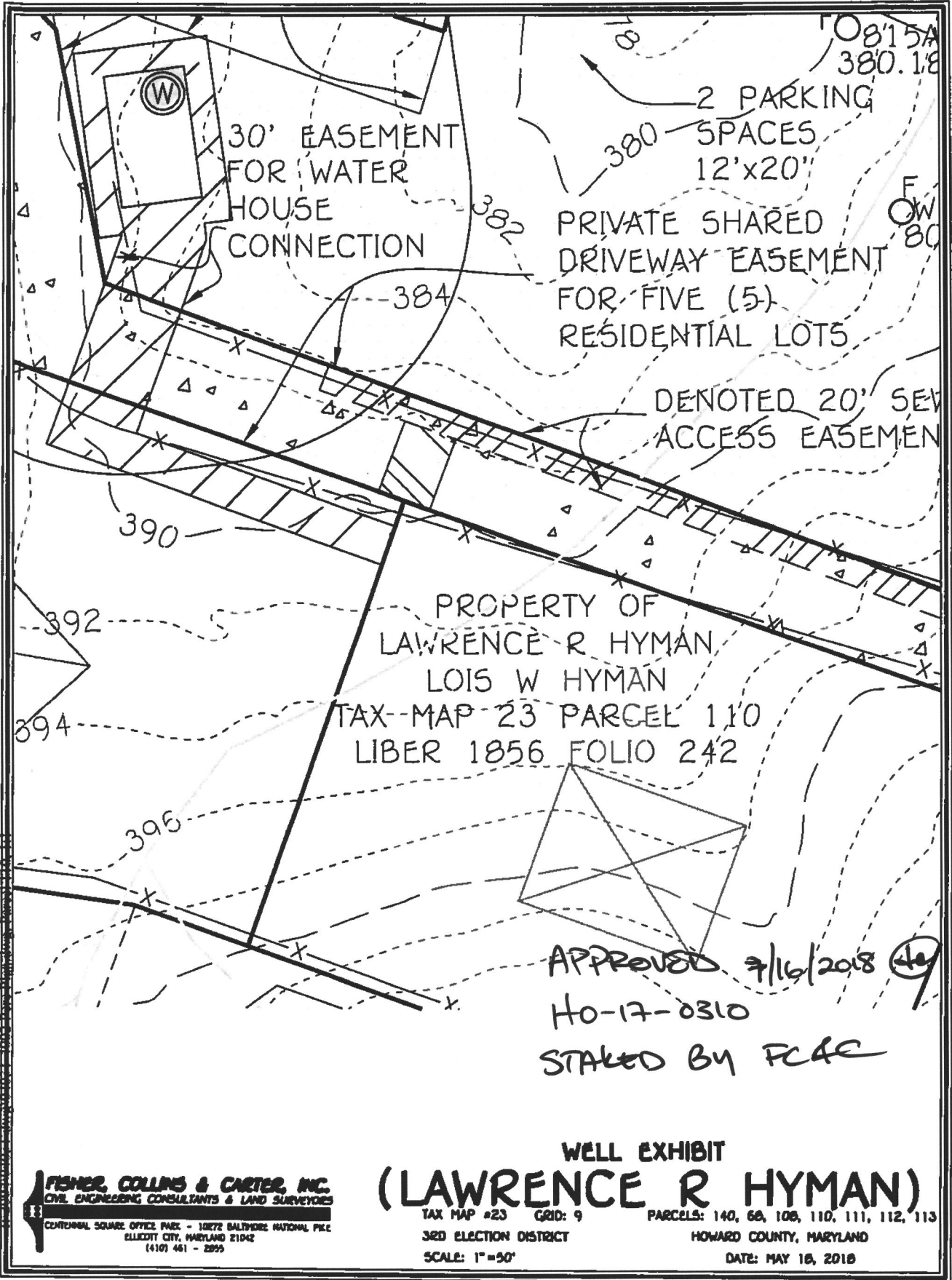
Miss [unclear] & [unclear] 11/11/17 - 1/1/18

Dollars

\$ 500.00

Received By

Laura [unclear]



30' EASEMENT FOR WATER HOUSE CONNECTION

2 PARKING SPACES 12'x20'

PRIVATE SHARED DRIVEWAY EASEMENT FOR FIVE (5) RESIDENTIAL LOTS

DENOTED 20' SEW ACCESS EASEMENT

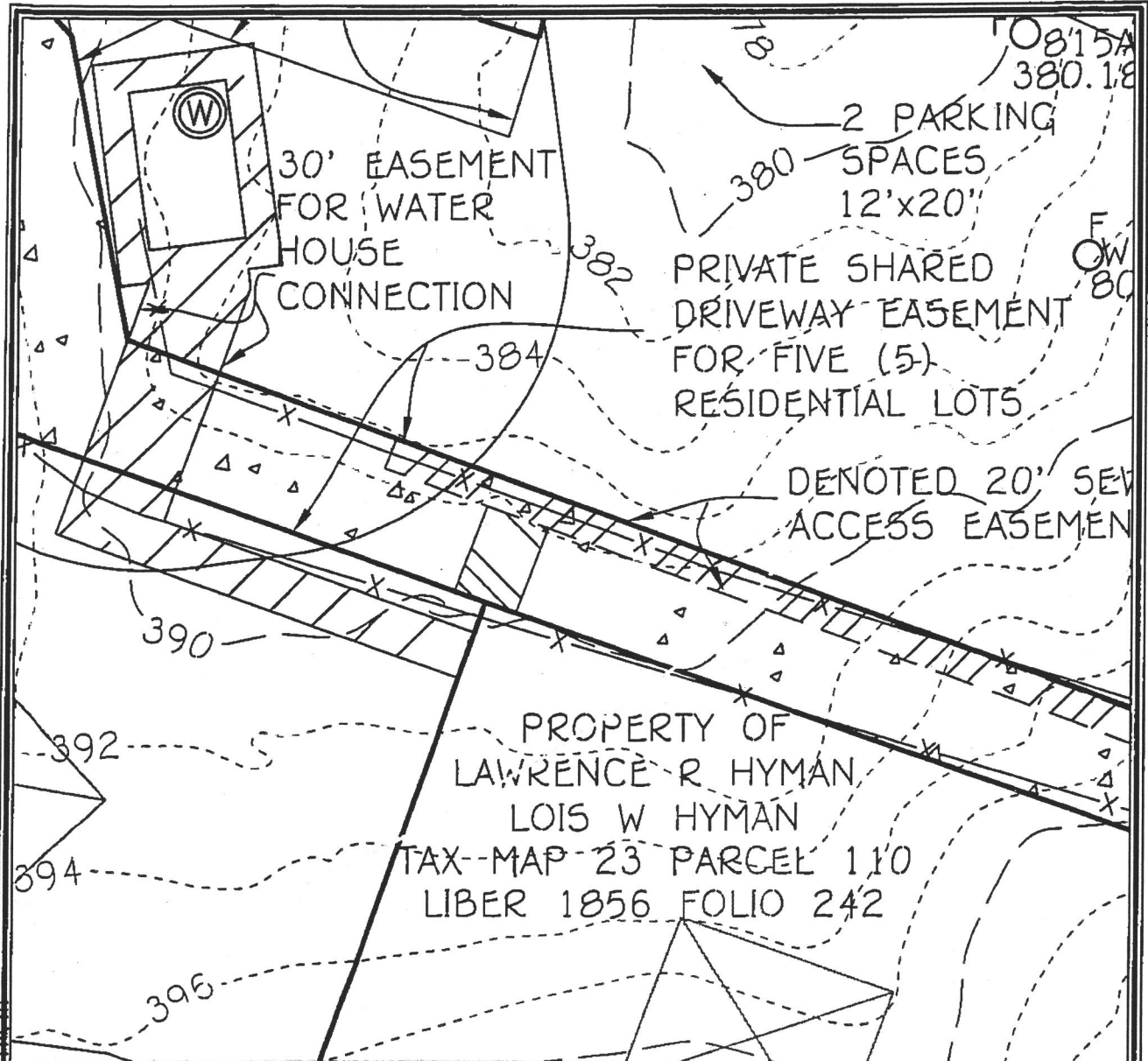
PROPERTY OF LAWRENCE R HYMAN
 LOIS W HYMAN
 TAX-MAP #23 PARCEL 110
 LIBER 1856 FOLIO 242

APPROVED 7/16/2018
 HO-17-0310
 STAKED BY FCAE

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLETTT CITY, MARYLAND 21042
 (410) 461 - 2295

WELL EXHIBIT
(LAWRENCE R HYMAN)

TAX MAP #23 GRID: 9 PARCELS: 140, 66, 108, 110, 111, 112, 113
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: MAY 18, 2018



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

HO-17-0310

INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

APPROVED 7/16/2018 *(Signature)* 01997
 HO-17-0310
 STAKED BY FC&C

FISHER COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10172 BALTIMORE NATIONAL PIKE
 ELLETTT CITY, MARYLAND 21042
 (410) 461 - 2899

WELL EXHIBIT
(LAWRENCE R HYMAN)

TAX MAP #23 GRID: 9 PARCELS: 140, 60, 100, 110, 111, 112, 113
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: MAY 16, 2018

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

MEMORANDUM

TO: Michael Barlow MWD 355

FROM: Joseph Cabahug
Licensed Environmental Health Specialist 01997
Howard County Health Department
Well & Septic Program

DATE: December 27th, 2018 *① 12/27/2018*

RE: **Hyman Property Subdivision – Well Special Conditions.**
(Hyman Par. 110, 111 and Locust Ridge Lot 15) (Hyman Par. 108 and 113)

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

All wells are in the 1000 foot Baltimore Gneiss Buffer and Will require Radium Samples at the Yield.

Simultaneous Yield Contingency:

Note 14: Yield Tests must be simultaneous on all wells established within 50' of another newly established well. This simultaneous yield test must occur prior to submittal of building permit. The well completion report, including the yield test data must be approved by the Health Department prior to approval of the respective building permits.

Complex Yield Test:

Wells in cluster on Hyman Property Parcels 108, 110, 111, and 113 and the well on Locust Ridge Lot 15 will need a complex yield test involving the drawdown of one or more wells and the simultaneous monitoring of the static water level on all other wells in an effort to determine potential influence wells may have on each other.

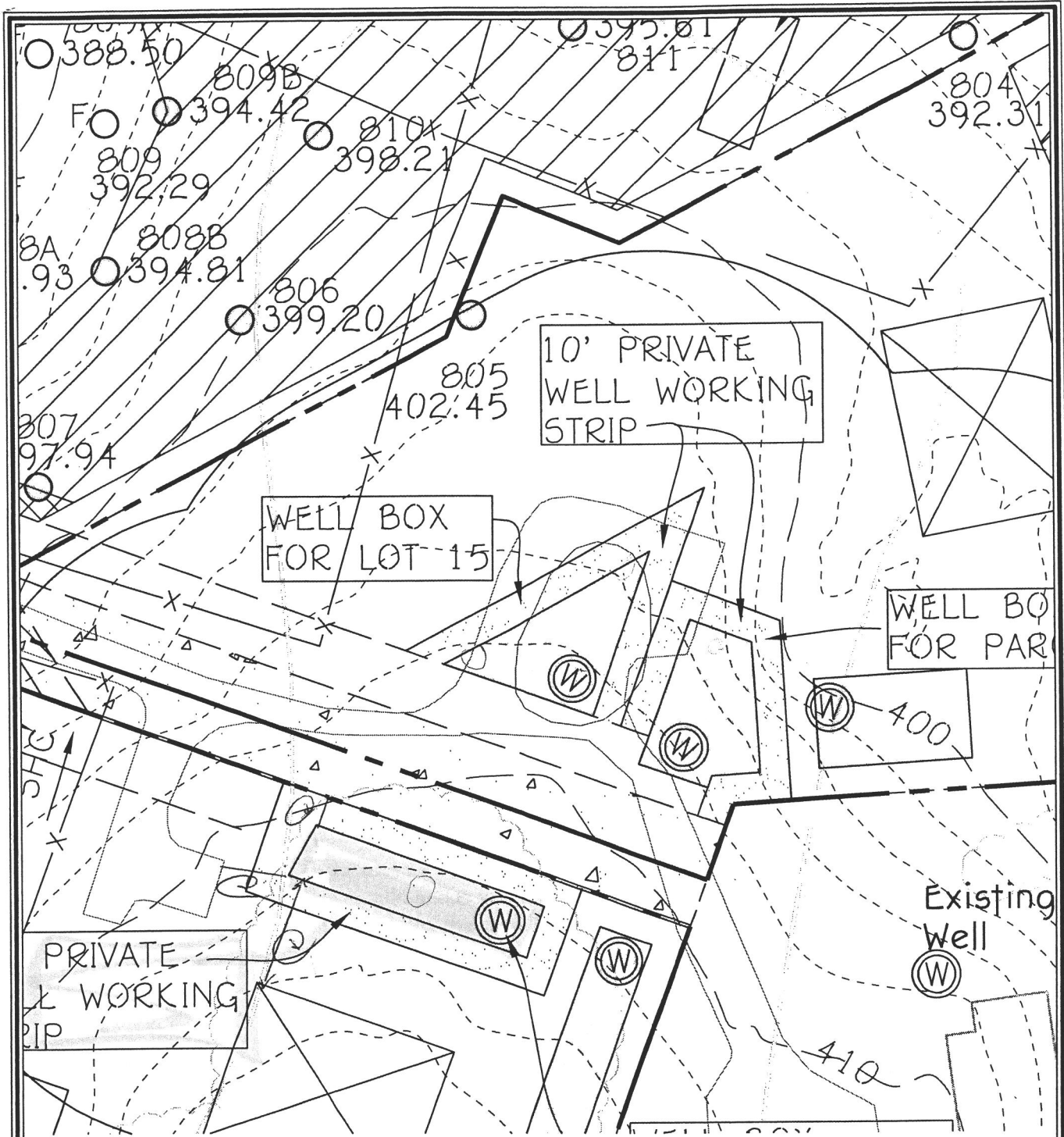
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Please begin drilling in an area of the well box that is 200 feet away or farther from the existing septic system on Parcel No. 28.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2643 or email jcabahug@howardcountymd.gov.

I:\2004\04031\dwg\04031-4002 Revised Perc Plan 8-17-18 ht.dwg, Lot 15, 1:1



APPROVED 12/27/2018 *[Signature]*

STAKED BY FCC 12/17/2018

WELL EXHIBIT LOCUST RIDGE

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

TAX MAP #23 GRID: 9
 3RD ELECTION DISTRICT
 SCALE: 1"=50'

~~LOT 15~~ PARCEL 150
 (LAWRENCE R HYMAN)
 PARCELS: 140, 60, 100, 110, 111, 112, 113
 HOWARD COUNTY, MARYLAND
 DATE: November 27, 2018

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

MEMORANDUM

TO: Michael Barlow MWD 355

FROM: Joseph Cabahug
Licensed Environmental Health Specialist 01997
Howard County Health Department
Well & Septic Program

DATE: December 27th, 2018 *JD 12/27/2018*

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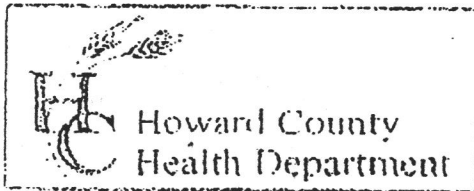
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Howard County
Health Department

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:


- Hyman Property Parcels 108, 140, 111, 112, 113 + Locust Ridge
- The well site has been staked by Fisher, Collins + Carter, LOT 15
(professional land surveyor or company employing professional land surveyors)
on _____ (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

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

TO: Michael Barlow MWD 355

FROM: Joseph Cabahug 
Licensed Environmental Health Specialist 01997
Howard County Health Department
Well & Septic Program

DATE: July 16th, 2018

RE: Hyman Property Subdivision – Well Special Conditions.

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

All wells are in the 1000 foot Baltimore Gneiss Buffer and Will require Radium Samples at the Yield.

Simultaneous Yield Contingency:

Note 14: Yield Tests must be simultaneous on all wells established within 50' of another newly established well. This simultaneous yield test must occur prior to submittal of building permit. The well completion report, including the yield test data must be approved by the Health Department prior to approval of the respective building permits.

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JCC

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

April 30, 2019

Mr. and Mrs. Lawrence Hyman
3681 Folley Quarter Road
Ellicott City, Maryland 21042-1452

RE: Hyman Property Par. 108
Folley Quarter road
Well Tag: HO - 17 - 0308

Dear Mr. Keane:

A sample was collected during a yield test on January 28, 2019 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 18.9 ± 2.9 picocuries/liter (pCi/L), while the **Gross Beta** level was 10.5 ± 2.1 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the well water supply **does not meet** EPA regulatory standards. Additional testing **for these parameters** will be required to secure the future Use & Occupancy. Additional raw water samples for **short and long term Gross Alpha and Gross Beta, plus Radium 226 / 228** will be needed to assess any future treatment needs. Alternatively, treatment such as a water softener system or point of use reverse osmosis (R/O) could be considered. If installed, post-treated sampling for **short and long term Gross Alpha, Gross Beta and Radium 226 / 228** will be **required**. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

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

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure
✓ cc: Property file

SEND REPORT TO: NIXON, B.

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

Lab No. ED01617-292

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

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: FOLLY QUARTER ROAD County: Howard

Sample Source: HYMAN PROP PAR 108 Location: HO-17-0308

Radon-222 Bottle A HYMAN PROP PAR 108 Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

RADIUM

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: 4 F Federal Project: _____

Collector: CABANUG, J Telephone No.: 410 313 7643

Date Collected: 01/28/2019 Time Collected: _____ a.m. 12:00 p.m.

Field pH: 7.5 Field Chlorine: NEG

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	1617	EPA900.0	18.9 ± 2.9	01/30/19	MA	02/14/19
<input checked="" type="checkbox"/> Gross Beta	4100	1617	EPA900.0	10.5 ± 2.1	01/30/19	MA	02/14/19
<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"/> Gross Alpha - Conf		1617	EPA900.0	20.7 ± 3.2	01/31/19	RH	02/14/19
<input checked="" type="checkbox"/> Gross Beta - Conf		1617	EPA900.0	12.1 ± 2.3	01/31/19	RH	02/14/19

Date Received: 01/29/19 Received By: [Signature]

Data Release Signature: [Signature] Date: 2/14/19

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

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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

REPORT OF ANALYSIS

Laboratory ID #:	140072	Account #:	1045
Reference:	CBI Homes LLC	Company:	Atlantic Blue Water Services
Location:	3683 Folly Quarter Road Ellicott City, MD 21042	Requested By:	Mark Mather
Date/ Time Collected:	9/24/2020 1045	Source:	Well Water
Date/Time Rec'd:	9/24/2020 1145	Site:	Front Hose Bib
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Sands 0111JS	pH:	6.6
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.8	pCi/L	****	903.1	10/6/2020 / 1241 / MJN
Radium-228	<0.8	pCi/L	****	Ra-05	10/5/2020 / 1342 / SN

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.3 pCi/L
- 4 Radium 228 Detection Limit: 0.8 pCi/L; Radium 228 Error: +/- 0.6 pCi/L
- 5 Sample collected by client, analyzed as received
- 6 Sub-contracted to Reference Lab #278
- 7 ND = None Detected; N/A: Not Available
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Client's Information

Date Reported: 10/7/2020

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 #: 140754 Account #: 1045
Reference: CBI Homes LLC Foxleigh Lot 1 Company: Atlantic Blue Water Services
Location: 3683 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 10/26/2020 0945 Site: Powder Room
Date/Time Rec'd: 10/26/2020 1520 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: M. Mather 0258MM Well #: HO-17-0308

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/27/2020 / 1115 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/27/2020 / 1115 / CCH
Nitrate	<1.0	mg/L	10	601	10/27/2020 / 1100 / CRS
Turbidity	0.58	NTU	<10	SM20 2130B	10/27/2020 / 1150 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/27/2020 / 1150 / CRS

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Client's Information

Building Permit # : B20000911

Date Reported: 10/28/2020

MD State Certification # 133