

C1 7222

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9 12 07

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. HO-95-1217

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale and Gray Granite.

GROUTING RECORD form with fields for material (CM, BC), bags (15), gallons (90), and depth of seal (38).

CASING RECORD form with fields for casing type (PL), nominal diameter (06), and total depth (42).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (HO) and depth (42).

PUMPING TEST form with fields for hours pumped (06), pumping rate (1.5), and water level.

PUMP INSTALLED form with fields for pump type (S), capacity (31), and pump horse power (37).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M SD 009

LIC. NO. 1 D

DEPTH (nearest ft.) table with columns for casing height and screen depth.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

NO Survey stakes

B 1 **4354**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526657 please type

STATE PERMIT NUMBER

HO-95-1217
fill in this form completely

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

Keenly Company
15 Last Name Owner First Name 34
P.O. Box 528
36 Street or RFD 55
Timonium md. 21094
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

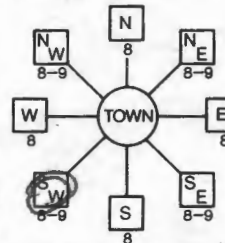
8 COUNTY **Howard** 21
23 SUBDIVISION **Myrtuz Property** 42
SECTION **21** LOT **21**
44 46 48 50
woodstock
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION

Allen Compton MSD 009
Driller's Name 76 License No. 81
Fogles Well Drilling
Firm Name
580 Obercht rd.
Address
Allen Compton 4-14-07
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodstock rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST SOUTH EAST
34 **20** 37
DISTANCE FROM ROAD
ENTER FT OR MI **FT** 38 39
TAX MAP: **10** BLK: **24** PARCEL **225**

B 2

WELL INFORMATION

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

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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13** **A 518006-m**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED **8/14/07**
43 MM DD YY 48 CO SIGNATURE **Kevin Wolf** EXP. DATE **8/14/08**
NORTH GRID **541** 000 EAST GRID **0837** 000
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROTary** AIR-PERCussion ROTARY (Hydraulic Rotary)
31 **CABLE** REVERSE-ROTary DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

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

APPROX. PERMIT NUMBER **HO 20066618**
PERMIT No. **HO-95-1217**
70 71 72 73 74 75 76 77 78 79

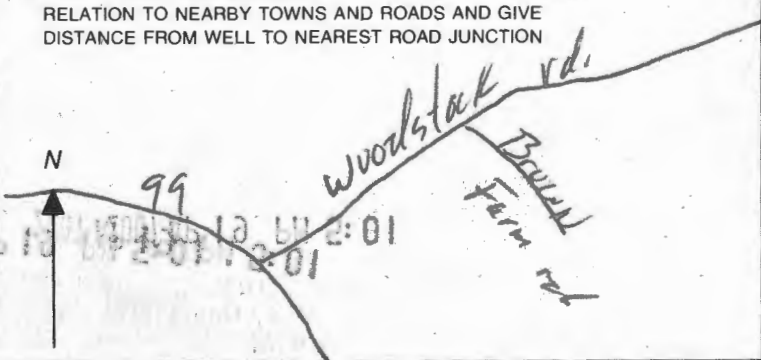
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8307**
N **5401**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS **NEED RADIUM SAMPLE PER HEALTH DEPT.**

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. H0-95-1217

Date of Test: 9-12-07

Subdivision Name: myrtle PRO.

Section _____ Lot # 21

Street Address: Woodstock rd.

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1' ft.

Well Depth 400' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time <u>8:00</u>	Static Water level: <u>36</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	Time	Water Level (ft.)	Pumping Rate (GPM)
1	8:00	36 ft.	4 15 GPM
2	8:15	95 ft.	40 1.5 GPM
3	8:30	95 ft.	40 1.5 GPM
4	8:45	95 ft.	40 1.5 GPM
5	9:00	95 ft.	40 1.5 GPM
6	9:15	95 ft.	40 1.5 GPM
7	9:30	95 ft.	40 1.5 GPM
8	9:45	93 ft.	40 1.5 GPM
9	10:00	93 ft.	40 1.5 GPM
10	10:15	93 ft.	40 1.5 GPM
11	10:30	93 ft.	40 1.5 GPM
12	10:45	93 ft.	40 1.5 GPM
13	11:00	93 ft.	40 1.5 GPM
14	11:15	93 ft.	40 1.5 GPM
15	11:30	93 ft.	40 1.5 GPM
16	11:45	93 ft.	40 1.5 GPM
17	12:00	92 ft.	40 1.5 GPM
18	12:15	92 ft.	40 1.5 GPM
19	12:30	92 ft.	40 1.5 GPM
20	12:45	92 ft.	40 1.5 GPM
21	1:00	92 ft.	40 1.5 GPM
22	1:15	92 ft.	40 1.5 GPM
23	1:30	92 ft.	40 1.5 GPM
24	1:45	92 ft.	40 1.5 GPM
25	2:00	92 ft.	40 1.5 GPM
26	2:15	92 ft.	40 1.5 GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

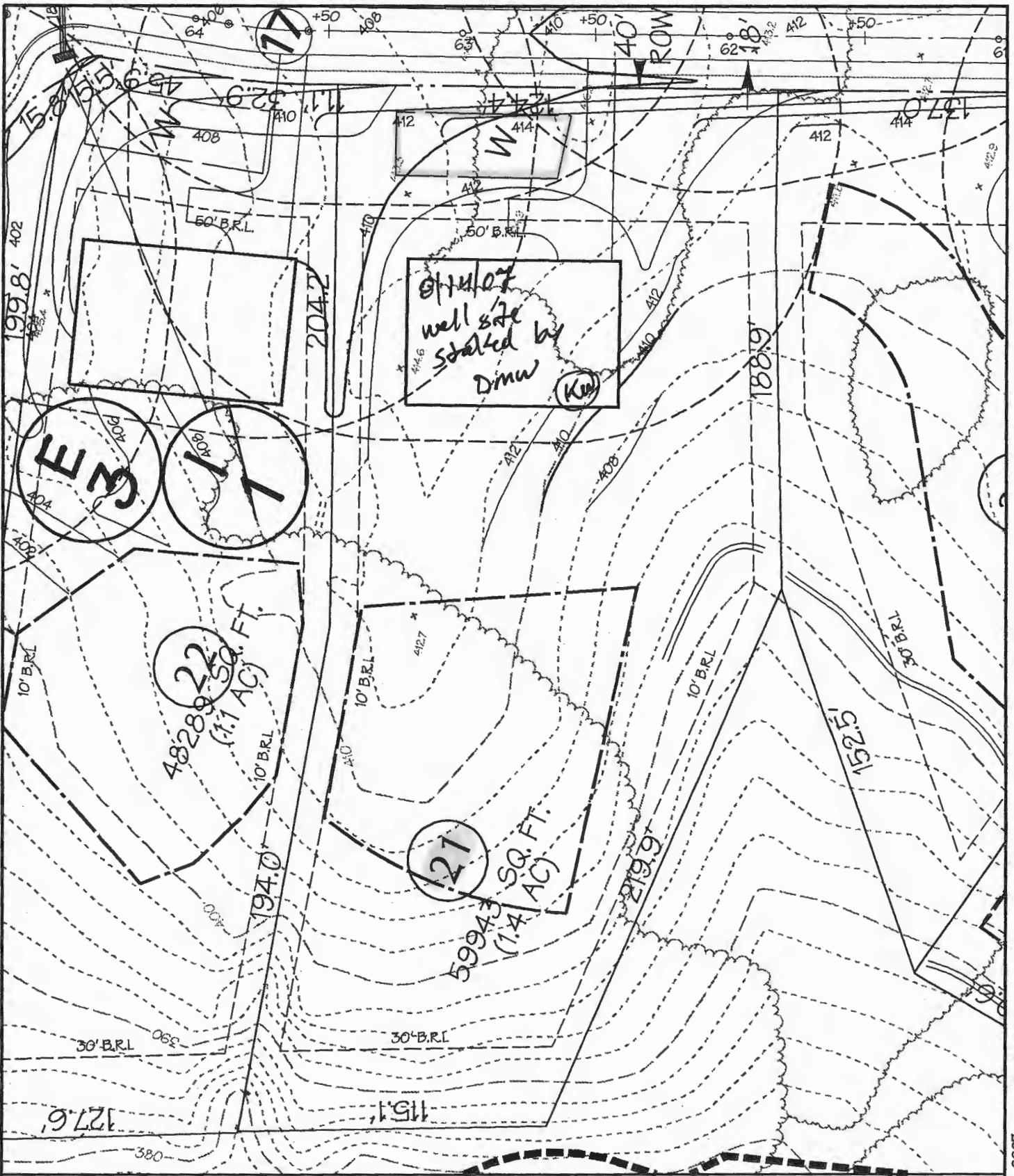
- The well site has been staked by DaFT-McCune Walker on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Engineer stated well box is
Staked on corners*

Murtne Prof. Lots 1-31



MYRTUE PROPERTY

LOT 21

DMW

Daft-McCune-Walker, Inc.

200 East Pennsylvania Avenue
Towson, Maryland 21286
(410) 296-3333
Fax 296-4705

A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals

Job No. 02033 Scale: 1"=50' Date: 04/16/07 Drawn By: MDT

m:\02033\Lot Wells\Lot21.DGN

Wed Apr 25 13:36:18 2007

4/25/2007 1:35:23 PM \\ATHENS\STATION\CAD\NET\DCP\dayoff\jmath at\Myrtue\Lot21.dgn

**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: FEETER 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 - 95-1217
Site Address: 1939 DAVIS BEANCH 01/09/2021

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

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

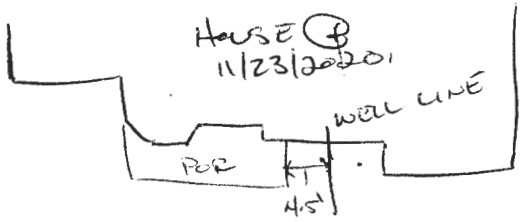
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

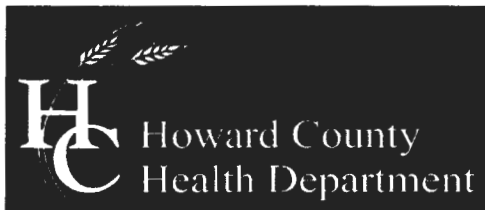
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/23/2020 Date Insp. Approved: 01/09/2021 Inspector:

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	56"	11/23/2020	
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>			
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	39"	11/23/2020	
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>			
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	20"	11/23/2020	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>			
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>			



11/23/2020
TAG NOT ON WELL.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 26, 2007

James Keelty and Company, Inc.
61 East Padonia Road
Timonium, MD 21093

RE: Myrtue Property, Lot #21
Well Tag: HO-95-1217

To Whom It May Concern:

A sample was collected from a yield test September 18, 2007 and submitted to Department of Health and 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 5.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.0 ± 2.0 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 target 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 appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic File

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 12, 2022

July 12, 2021

Homeowner
1939 Davis Branch Road
Woodstock, MD 21163

**RE: Myrtue Property, Lot 21
1939 Davis Branch Rd
Building Permit: B20001592
Well Permit: HO-95-1217**

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 **4/9/2021**. Final approval of the well line connection to the dwelling was granted on **4/9/2021**. The well construction was completed on **9/12/2007**. Water samples were collected on **6/9/2021, 6/15/2021, 6/21/2021**.

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

Gross Alpha and Beta samples were also collected on **6/21/2021**. Results showed a Gross Alpha level of **1.7 ± 0.0 pCi/L** and **Gross Beta** level of **4.4 ± 0.0 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 **6/21/2021**. Results showed a combined radium 226/228 level of **<1.5 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-95-1217. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

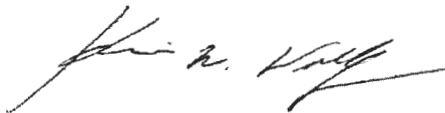
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

REPORT OF ANALYSIS

Laboratory ID #: 145071 Account #: 1920
Reference: Keystone Lot MRS21 Company: Robert L Feezer Co- New Homes
Location: 1939 Davis Branch Road Requested By: Rick Cross
Granite, MD 21163 Source: Well Water
Date/ Time Collected: 6/9/2021 1210 Site: Pressure Tank
Date/Time Rec'd: 6/9/2021 1520 Treatment: Prior to Neutralizer/Softener
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Yeager 0819JY Well #: HO-95-1217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	17.8	MPN/ 100 ml	<1.0	SM20 9223B	6/10/2021 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/10/2021 / 1000 / CRS
Nitrate	1.05	mg/L	10	601	6/10/2021 / 1230 / CRS
Turbidity	0.30	NTU	<10	SM20 2130B	6/9/2021 / 1615 / TSD
Sand	>5	mg/L	5	Visual/Gravimetric	6/9/2021 / 1615 / TSD

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 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B20001592

Date Reported: 6/10/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	145186	Account #:	1920
Reference:	Keystone Lot MRS21	Company:	Robert L Feezer Co- New Homes
Location:	1939 Davis Branch Road Granite, MD 21163	Requested By:	Rick Cross
Date/ Time Collected:	6/15/2021 1020	Source:	Well Water
Date/Time Rec'd:	6/15/2021 1340	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	J. Yeager 0819JY	pH:	1020
		Well #:	HO-95-1217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/16/2021 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/16/2021 / 0930 / CRS
Sand	>5	mg/L	5	Visual/Gravimetric	6/16/2021 / 0900 / CRS

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH & chlorine tested on site
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 **Sample collected prior to Neutralizer/Softener

Reason for Test : Use & Occupancy

Building Permit # : B20001592

Date Reported: 6/16/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taueytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 145358 Account #: 1920
Reference: Keystone Lot MRS21 Company: Robert L Feezer Co- New Homes
Location: 1939 Davis Branch Road Requested By: Rick Cross
Granite, MD 21163 Source: Well Water
Date/ Time Collected: 6/21/2021 1021 Site: Pressure Tank
Date/Time Rec'd: 6/21/2021 1326 Treatment: Neutralizer/Softener/**
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Yeager 0819JY Well #: HO-95-1217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	6/21/2021 / 1615 / TSD

NOTES:

- 1 pH & chlorine tested on site
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 **Sample collected prior to Neutralizer/Softener

Reason for Test : Use & Occupancy

Building Permit # : B20001592

Date Reported: 6/22/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 145357 Account #: 1920
Reference: Keystone Lot MRS21 Client: Robert L Feezer Co- New Homes
Location: 1939 Davis Branch Road Requested By: Rick Cross
Granite, MD 21163 Source: Well Water
Date/ Time Collected: 6/21/2021 1021 Site: Pressure Tank
Date/Time Rec'd: 6/21/2021 1326 Treatment: Neutralizer/Softener/**
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Yeager 0819JY Well #: HO-95-1217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	1.7	pCi/L	15	900.0	6/25/2021 / 0628 / MJN
Gross Beta, Short Term	4.4	pCi/L	50	900.0	6/25/2021 / 0628 / MJN
Gross Alpha, Long Term	<1.0	pCi/L	15	900.0	7/2/2021 / 0648 / MJN
Gross Beta, Long Term	3.6	pCi/L	50	900.0	7/2/2021 / 0648 / MJN
Radium-226	0.3	pCi/L	****	903.1	7/1/2021 / 1054 / MJN
Radium-228	1.2	pCi/L	****	Ra-05	7/1/2021 / 1048 / MJN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 1.0 pCi/L; Long Term Gross Alpha Error: +/- 0.9 pCi/L
- Long Term Gross Beta Detection Limit: 1.2 pCi/L; Long Term Gross Beta Error: +/- 1.1 pCi/L
- pCi/L = picocuries per liter
- pH & chlorine tested on site
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.1 pCi/L
- Radium 228 Detection Limit: 0.8 pCi/L; Radium 228 Error: +/- 0.6 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Short Term Gross Alpha Detection Limit: 1.1 pCi/L; Short Term Gross Alpha Error: +/- 1.1 pCi/L
- Short Term Gross Beta Detection Limit: 1.1 pCi/L; Short Term Gross Beta Error: +/- 1.0 pCi/L
- ND:None Detected
- Subcontracted to Reference Lab #278
- **Sample collected prior to Neutralizer/Softener

Reason for Test : Use & Occupancy

Building Permit # : B20001592

Date Reported: 7/8/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 145360 Account #: 1920
Reference: Keystone Lot MRS21 Client: Robert L Feezer Co- New Homes
Location: 1939 Davis Branch Road Requested By: Rick Cross
Granite, MD 21163 Source: Well Water
Date/ Time Collected: 6/21/2021 1032 Site: POST: Kitchen Tap
Date/Time Rec'd: 6/21/2021 1326 Treatment: Neutralizer/Softener
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: J. Yeager 0819JY Well #: HO-95-1217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	2.2	pCi/L	15	900.0	6/25/2021 / 0938 / MJN
Gross Beta, Short Term	1.8	pCi/L	50	900.0	6/25/2021 / 0938 / MJN
Gross Alpha, Long Term	1.7	pCi/L	15	900.0	7/2/2021 / 0648 / MJN
Gross Beta, Long Term	1.3	pCi/L	50	900.0	7/2/2021 / 0648 / MJN
Radium-226	<0.2	pCi/L	****	903.1	7/1/2021 / 1054 / MJN
Radium-228	<0.8	pCi/L	****	Ra-05	7/1/2021 / 1048 / MJN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 1.2 pCi/L; Long Term Gross Alpha Error: +/- 1.2 pCi/L
- Long Term Gross Beta Detection Limit: 1.2 pCi/L; Long Term Gross Beta Error: +/- 1.0 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.1 pCi/L
- Radium 228 Detection Limit: 0.8 pCi/L; Radium 228 Error: +/- 0.6 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Short Term Gross Alpha Detection Limit: 1.2 pCi/L; Short Term Gross Alpha Error: +/- 1.3 pCi/L
- Short Term Gross Beta Detection Limit: 1.2 pCi/L; Short Term Gross Beta Error: +/- 1.0 pCi/L
- ND:None Detected
- Subcontracted to Reference Lab #278
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B20001592

Date Reported: 7/8/2021