

C1 15571

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/20 USE ONLY DATE RECEIVED MM 02 DD 19 YY 13

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2424

22 600 26 (TO NEAREST FOOT)

2/28/13 OK (KW)

28 29 30 31 32 33 34 35 36 37

OWNER KORSLUND, JOHN WELL SITE ADDRESS BROWN BRIDGE RD TOWN FULTON SUBDIVISION VANNOY SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten notes: 'Deepened from mica 550 600', 'Fractured'.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BENTONITE CLAY, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields: diameter, depth.

SCREEN RECORD form with fields: screen type, ST, BR, HO, PL, OT, DEPTH (nearest ft.).

PUMPING TEST form with fields: HOURS PUMPED (6.5), PUMPING RATE (4.2), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (23, 144), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED form with YES (Y) and NO (N) options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE George F. Esterling, LIC. NO. JSD 038, SITE SUPERVISOR sign.

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, R, E, N.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q.

LATITUDE 39.169954 LONGITUDE 76.942054 (DEFAULT COORD. WGS 84)

NOTES: Amended Completion Report

C1 P6610

SEQUENCE NO. (MDE USE ONLY)

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.

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

COUNTY NUMBER

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED

12 13 17

Depth of Well

550 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-95-2424

OWNER: Karstlund, John
WELL SITE ADDRESS: 2319 Brown Bridge Rd, FULTON
SUBDIVISION: VAN VOY PRO SECTION LOT 1

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	
Brown Mica	0	21	
Formations collapsing	21	30	
Dark Brown Mica	30	60	
Gray slate	60	360	
White	360	361	✓
Gray slate	361	530	

GRROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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

NO. OF BAGS 24 NO. OF POUNDS 2256
GALLONS OF WATER 144
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 62 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

MAIN CASING TYPE: ST (STEEL) CO (CONCRETE) PL (PLASTIC) OT (OTHER)
Nominal diameter top (main) casing (nearest inch): 06
Total depth of main casing (nearest foot): 65

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to
ST 10 1 50

SCREEN RECORD
screen type or open hole insert appropriate code below

ST (STEEL) BR (BRASS) HO (HOLE) PL (PLASTIC) OT (OTHER)

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED: Y N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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.: M SD 009
DRILLERS SIGNATURE: [Signature]
LIC. NO.: D

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

DEPTH (nearest ft.)
1 2 HO 65 550

E A C S R E N
8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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

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) 03
PUMPING RATE (gal. per min.) 2
METHOD USED TO MEASURE PUMPING RATE 1996
WATER LEVEL (distance from land surface)
BEFORE PUMPING 53 ft.
WHEN PUMPING 280 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 (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
D above LAND SURFACE
below 02 (nearest foot)

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

B 1 09367/

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-2424

fill in this form completely

538688 please type

Date Received (APA) 100912

OWNER INFORMATION

Koslund John 7319 Brown Bridge rd. Fulton MD 20759

B 3

LOCATION OF WELL

Howard Van Noy PRO. Fulton

DRILLER INFORMATION

Allen Compton MS D 009 Fogles Well Drilling PO Box 202 Woodbine, MD 21797 Allen Compton 10-4-12

B 4

SOURCES OF DRILLING WATER

- 1. 2. 3.

Brown Bridge rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



400 FT DISTANCE FROM ROAD

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A535193 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10/23/2012 R.R.T. 10/23/13

- 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 U 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

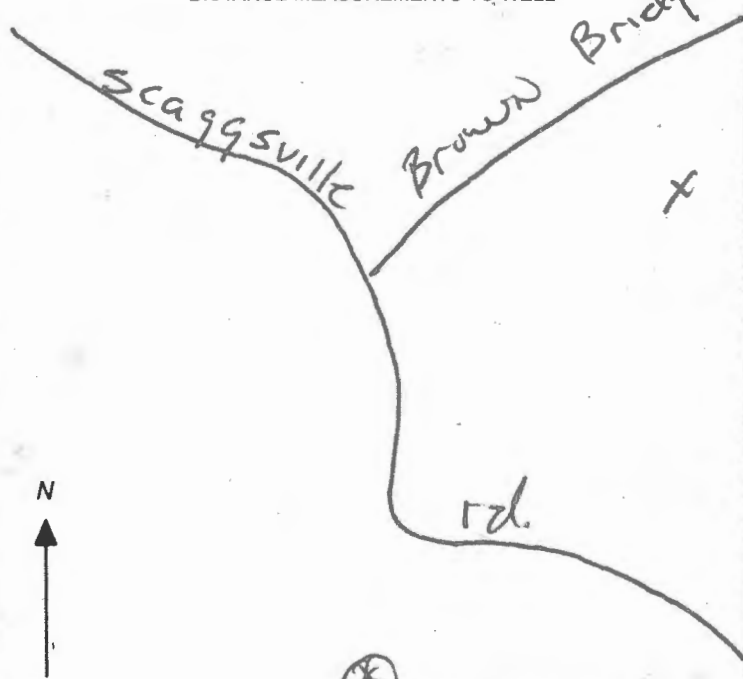
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G

PERMIT No. HD-95-2424

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

existing pit well must be abandoned Radium Sample Required @ yield test

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

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

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

Company Name: _____ 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: Van Noy Lot #: _____ Well Tag #: HO - 95 - 2424
Site Address: 7319 Browns Bridge Rd
Fulton, MD 20759

<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>		

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: _____

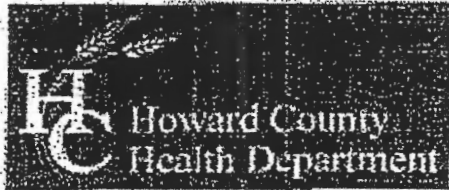
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 2/24/13 Date Insp. Approved: 2/27/13 Inspector: RR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
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"/>
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"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2347
 (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

Lot 1

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
 Van Day Prop _____ 1-3 Browns Bridge RD
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Fisher Collins & Carter
 (professional land surveyor or company employing professional land surveyors)
 on 9-12-12 (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 3/11/05

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
 1/5/16 SC

DATE WELL ABANDONED: 3/4/2013 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

H0-95-2426

* PERSON ABANDONING WELL: Richard Cummitt

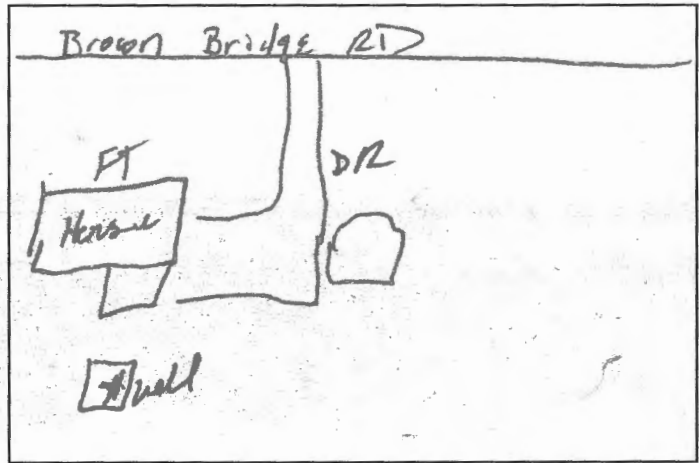
WELL DRILLER'S LICENSE NUMBER: WR0014
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: JOHN KORSLUND

* WELL LOCATION:

SITE LOCATION MAP

COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP BLOCK PARCEL
 SUBDIVISION: VANNOY Prop
 SECTION: LOT: 3
 STREET ADDRESS: 7319 BROWN BRIDGE RD



LATITUDE 39.169807

LONGITUDE 76.943253

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE: DOMESTIC

- IRRIGATION MUNICIPAL/PUBLIC
- TEST/OBSERVATION INDUSTRIAL
- _____ GEOTHERMAL

MATERIAL	FEET	
	FROM	TO
Bentonite	81	5
Well Pt	5	0
VOLUME OF MATERIAL USED		
<u>8 BAY Bentonite</u>		

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 81 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

Send Report To:

Best Nixon

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E001741 1992

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HOKW2424 No. B: — Field Blank Bottle No. 1: FBKW21313 No B: —

Plant/Site Name: Van Noy Prop. Lot (1) County: Howard

Sample Source: Barris Bridge Rd. Location: HO-95-2424
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf

Telephone No.: 410-313-2645

Date Collected: 2/13/13

Time Collected: 11:00 a.m. — p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: — pH — Chlorine

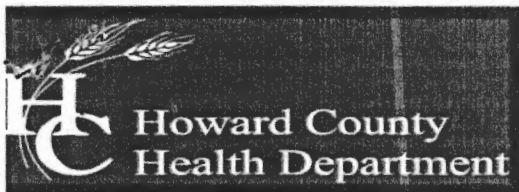
Remarks: Sample pH preserved to < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1741	12.7 ± 2.4	02/21/13	02/25/13
✓	Gross Beta	4100	1741	11.3 ± 2.2	L	L
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				
	Gross Alpha - Conf.		1741	9.1 ± 2.2	02/26/13	02/28/13
	Gross Beta - Conf.		1741	12.2 ± 2.3	L	L

Date Received: 02/19/13

Supervisor: [Signature]

Tel. No.: (410) 767 - 5537 Fax No.: (410) 333- 5373



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

Facebook: www.facebook.com/hocohealth

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

April 12, 2013

Mr. John Korslund
7319 Brown Bridge Road
Fulton, Maryland 20759

RE: Van Noy Property Lot 1
Brown Bridge Road
Replacement Well
Well Tag: HO - 95 - 2424

Dear Mr. Korslund:

A sample was collected for the replacement well during a yield test on February 13, 2013 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 12.7 ± 2.4 picocuries/liter (pCi/L), while the **Gross Beta** level was 11.3 ± 2.2 pCi/L. With the Margin of Error, the **Gross Alpha** result was just above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **may not** meet EPA regulatory standards. Additional testing **for these parameters, plus Radium 226 and Radium 228** will be required to secure final well approval. Given the possibility of an elevated finding for **Gross Alpha**, the installation of a water softener system and / or a reverse osmosis system (if not already in place) may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. Please 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 further questions or if you need to schedule additional testing.

Sincerely,

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

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.

✓ Well & Septic property file

Send Report To:

Bert Nixon

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E001740 #193

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: No. B: Field Blank Bottle No. 1: FB KW 21313 No B:

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H₂O Location: Lab
(well no, lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2/13/13

Time Collected: 10:00 a.m. p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: pH Chlorine

Remarks: Field Blank for Case # B

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1740	< 2.0	02/21/13	02/25/13
✓	Gross Beta	4100	1740	4.1 ± 1.9	I	I
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
✓	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 02/19/13

Supervisor: [Signature]

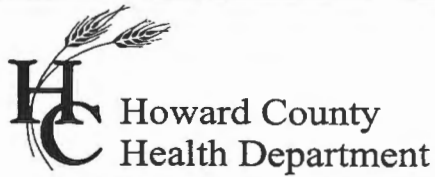
• Tel. No.: (410) 767 - 5537 • Fax No.: (410) 333- 5373

NOTE that
GB had actual
reading vs a
below detection

RECEIVED

MAR 18 2013

COMMUNITY HEALTH DEPT.
MENTAL HEALTH



7178 Columbia Gateway Drive, Columbia MD 21046
(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

MEMORANDUM

DATE: April 9th, 2012

TO: Kent Scheubrooks, Chief
Division of Land Development

FROM: Heidi Scott, R.S.
Well and Septic Program
Development Coordination Section

RE: File Number: F-12-078
VanNoy Property - Lots 1-2, Non Buildable Pres. Par. A & Buildable Pres. Par. B
Browns Bridge Road

The following comments apply to the above referenced plan. These comments must be addressed prior to record plat approval:

- All wells must be drilled and well completion reports received by the Health Dept.
- The existing well on Lot 1 must be upgraded to meet current construction standards or a new well must be drilled.
- Proposed dry well # 1 on Lot 2 must be 100' from the proposed wellbox.

HS
Cc:
File

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

DATE: March 16, 2012

DPZ File No. F-12-078

Department of Planning and Zoning

- 1 Transportation Planning
- 2 Resource Conservation (Historic/Ag Pres)
- Public Service and Zoning Administration
- 1 Research
- 1 Address Coordinator

- 1 Comprehensive & Community Planning
- 4 Development Engineering Division*
- Other
- 2 File*

See: ECP12-018

Agencies

- 1 Soil Conservation District*
- Department of Inspections, Licenses & Permits
- 1 Department of Fire and Rescue Services
- 1/5 State Highway Administration*
- 1 Health Department*
- 1 Public School System
- 1 Recreation and Parks*
- WSSC (Non-Residential Only)
- MD Aviation Administration

- 1 Tax Assessment
- 2 Verizon
- 2 BGE
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: VanNoy Property Lots 1 & 2, Non-Buildable Pres. Parcel A & Buildable Pres. B

ENCLOSED FOR YOUR _____ Signature Approval Review & Comments _____ Files

THE ENCLOSED = _____ Original _____ Pre-Packaged Plan Set

Plans	# of Sheets	Supplemental Documents
_____ Sketch Plan	_____	<u>x</u> Wetlands Report
_____ Prel Equiv Sketch Plan	_____	<u>x</u> Soils/Topo Map/Drain Area Map
_____ Preliminary Plan	_____	<u>x</u> FSD/FCP/Worksheet and Application
<u>x</u> Final Plat/Plat of Easement/RE Plat	3	_____ Declaration of Intent (Forest Cons)
_____ Final Constr Plans (RDS)*	_____	_____ Drainage and/or Computation/Pond Safety Comps
_____ Final Development Plan	_____	_____ Preliminary Road Profiles
_____ Site Development Plan	_____	_____ APFO Roads Test/Mitigation Plan/Traffic Study
_____ Landscape Plan/Supplemental Plan	_____	<u>x</u> Noise Study
_____ Grading Plan	_____	_____ Sight Distance Analysis/Speed Flow Study
_____ House Type Revision/Walk-Thru Red-Line	_____	_____ Floodplain Study
_____ Water and Sewer Plan	_____	_____ Stormwater Management Comps/Geo-Tech Report
<u>Applications</u>		_____ Industrial Waste Survey (DPW)
_____ Waiver Petition Applic/Exhibit	_____	_____ Road Poster Form Letter
_____ Planning Board Application	_____	_____ Response Letter
_____ ASDP/CSDP Application	_____	<u>x</u> Perc Plat
_____ DED Application/Checklist	_____	_____ Scenic Road Exhibits
<u>x</u> DED Fee Receipt/Deeds/Cost Estimate	_____	<u>x</u> Deeds
_____ Overall Scaled Composite – Sheet 1 of 8	_____	<u>x</u> Photographs
_____ Water & Sewer Plans - Letter	_____	_____ Retaining Wall Comps/Details
_____ List of Street Names	_____	<u>x</u> Poster/Community or HDC Meeting Information
		_____ Route 1 Details/Summary

WAS: Received _____ Tentatively Approved _____ Recorded
 Received and Revised _____ Approved _____ On March 16, 2012

COMMENTS: See memo dated 4-9-12 HS SRC/Comments Due By: 04/10/2012

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

DPZ STAFF INITIALS: