

C1 7240 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.

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 8 30 07

Depth of Well 100 (TO NEAREST FOOT)

10/10/07 OKED

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1215

OWNER: Keckly Co. STREET OR RFD: Woodstock rd. TOWN: Woodstock SUBDIVISION: Myrtus PLO. SECTION: LOT: 19

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown sand. shale (0-37), Gray Granite (37-100)

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 42

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO 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 (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Entry: 42, 100

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 PUMPING RATE (gal. per min.) 1500 WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 52 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

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) LAND SURFACE 01 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

**B 1** 4352 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER  
**APPLICATION FOR PERMIT TO DRILL WELL** 40-95-1215  
526657 please type fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) 4/19/07  
 8 MM DD YY 13  
 15 Last Name Keelity Company Owner First Name 34  
 36 Street or RFD P.O. Box 528 55  
 57 Town Timonium, Md. 21094 70 State 72 Zip 76

**B 3** **LOCATION OF WELL**  
 8 COUNTY Howard 21  
 23 SUBDIVISION Myrtue Property 42  
 SECTION 19 LOT 19  
 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**  
 1 2  
Allen Compton MS D 009  
 Driller's Name 76 License No. 81  
Foggs Well Drilling  
 Firm Name  
580 Obrecht Rd  
 Address  
Allen 4-14-07  
 Signature Date

**B 4**  
 1 2  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 Woodstock rd 30  
 34 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 10 BLK: 24 PARCELS: 225

**B 2** **WELL INFORMATION**  
 1 2  
 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

**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  
 **G** GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard (13) A 518 006-m  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED \_\_\_\_\_ 41  
8/13/07 Kim Voff 8/13/08  
 49 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 541 000 EAST GRID 0837 000  
 50 55 57 63

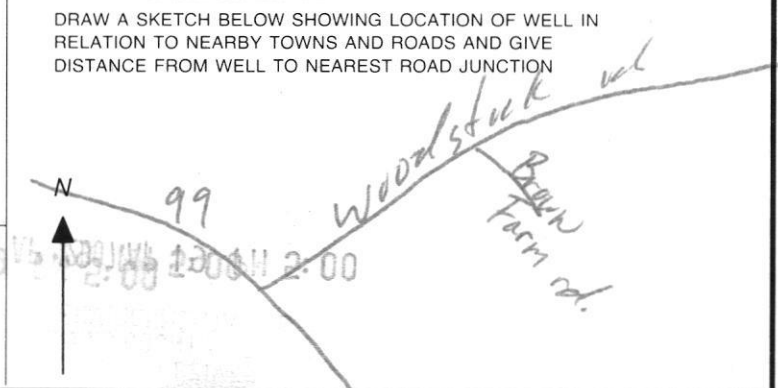
APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 30  
 CABLE REVerse-ROTary DRive-POINT  
 37 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 9/6/07 y.4g  
 SOURCES OF DRILLING WATER  
 1. Radium Sample  
 2. Collected During  
 3. Yield Test.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 8307  
 N 540  
 000  
 000 **BB**

**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  
 39  
 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 402006-G618  
 PERMIT No. 40-95-1215  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS** NEED RADIUM SAMPLE PER HEALTH DEPT.  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

# Yield Test Data Sheet

County File # \_\_\_\_\_  
District 2

MD Well Permit #: HO-95-1215

Date of Test: 8-30-07

Subdivision Name: myrtue PLO.

Section \_\_\_\_\_ Lot # 19

Street Address: \_\_\_\_\_

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

Distance from MP to ground surface 1 ft.

Well Depth 100' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

|                                    |                                      |  |   |
|------------------------------------|--------------------------------------|--|---|
| Pump Start Time<br><br><u>8:00</u> | Static Water level:<br><u>28</u> ft. | Pumping Rate<br><u>3 sec.</u><br>( ) Time to fill<br><u>1</u> gal.<br>bucket<br><br>( ) Flow meter reading (if used) | Calculated Flow (gallons per minute)<br><br><u>20</u> |
| TIME                               | WATER LEVEL BELOW M.P.               |  |   |

**Water level and pumping rate must be recorded every 15 minutes**

| #  | TIME  | WATER LEVEL ft. | PUMPING RATE | FLOW (GPM) |
|----|-------|-----------------|--------------|------------|
| 1  | 8:00  | 28              | 3            | 20 GPM     |
| 2  | 8:15  | 52              | 4            | 15 GPM     |
| 3  | 8:30  | 52              | 4            | 15 GPM     |
| 4  | 8:45  | 52              | 4            | 15 GPM     |
| 5  | 9:00  | 52              | 4            | 15 GPM     |
| 6  | 9:15  | 52              | 4            | 15 GPM     |
| 7  | 9:30  | 52              | 4            | 15 GPM     |
| 8  | 9:45  | 52              | 4            | 15 GPM     |
| 9  | 10:00 | 52              | 4            | 15 GPM     |
| 10 | 10:15 | 52              | 4            | 15 GPM     |
| 11 | 10:30 | 52              | 4            | 15 GPM     |
| 12 | 10:45 | 52              | 4            | 15 GPM     |
| 13 | 11:00 | 52              | 4            | 15 GPM     |
| 14 | 11:15 | 52              | 4            | 15 GPM     |
| 15 |       | ft.             |              | GPM        |
| 16 |       | ft.             |              | GPM        |
| 17 |       | ft.             |              | GPM        |
| 18 |       | ft.             |              | GPM        |
| 19 |       | ft.             |              | GPM        |
| 20 |       | ft.             |              | GPM        |
| 21 |       | ft.             |              | GPM        |
| 22 |       | ft.             |              | GPM        |
| 23 |       | ft.             |              | GPM        |
| 24 |       | ft.             |              | GPM        |
| 25 |       | ft.             |              | GPM        |
| 26 |       | ft.             |              | GPM        |
| 27 |       | ft.             |              | GPM        |
| 28 |       | ft.             |              | GPM        |
| 29 |       | ft.             |              | GPM        |
| 30 |       | ft.             |              | GPM        |

**NOTES:**

**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: Barlow Well Drilling Telephone #: 410-838-6910  
Address: 522 UNDERWOOD LANE  
BEL AIR, MD 21014

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:  
Name (Print): Michael Isom License# MSD162

**\*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: Keystone Homes Telephone #: 443-878-7754  
Subdivision: Myrtue Property Lot #: 19 Well Tag #: HO-95-1215 (S)  
Site Address: 1927 DAVIS BRANCH RD  
WOODSTOCK, MD 21163

| <u>Submersible Pump Data</u>   | <u>Pitless Adapter</u>        | <u>Well Cap and Electric Conduit</u>     |
|--|-------------------------------|--|
| Make: <u>GOULDS</u>  | Make: <u>BIFF</u>             | Two piece watertight cap: <u>    </u>    |
| Model #: <u>7CS05422</u>   | Model#: <u>P100</u>           | Screened, vented well cap: <u>    </u>   |
| Pump Capacity <u>7</u> GPM   | Depth: <u>36</u> (36" min)    | Cap secured to casing: <u>    </u>       |
| Well Yield: <u>15</u> GPM  | NSF/WSC approved: <u>    </u> | Conduit min 18" B.G.: <u>    </u>        |
| Depth of well encountered at time of pump installation: <u>    </u> (feet) |                               | Conduit secured to well cap: <u>    </u> |

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

| <u>Piping to house</u>                    | <u>House Connection</u>   |
|---|---|
| Type: <u>1" PCH</u>                       | PVC sleeve to undisturbed soil at wall penetration: <u>    </u> |
| PSI: <u>200</u> (160 psi min)             | Length of sleeve (5' minimum from foundation): <u>6'</u>        |
| Depth of supply line: <u>36</u> (36" min) | Sleeve sealed properly: <u>YES</u>                              |

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

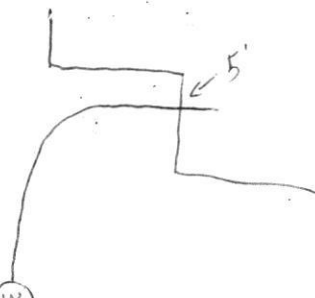
Signature of company representative responsible for installation: [Signature] date: 11/29/2021

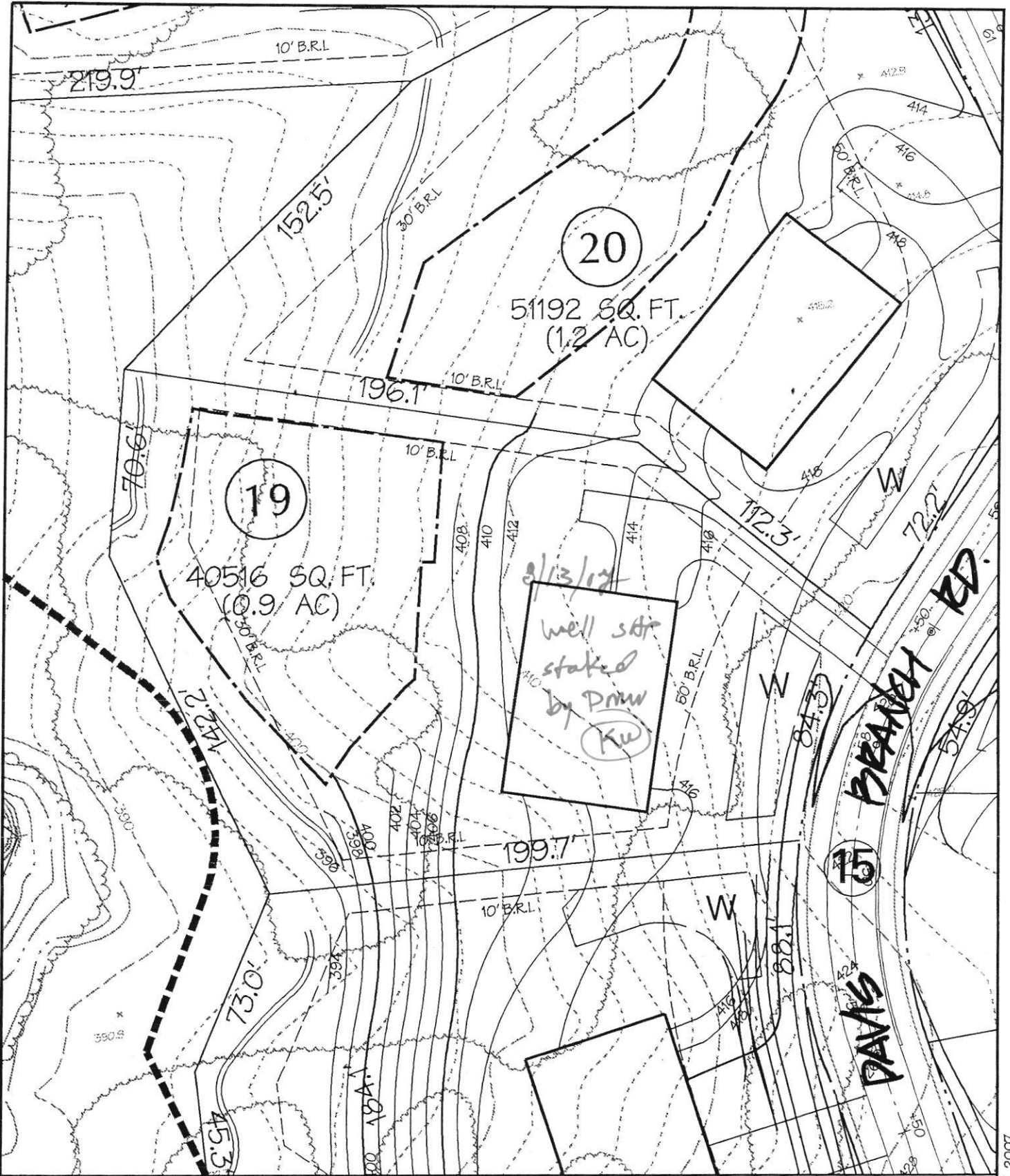
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 12/2/21 Date Insp. Approved: 12/9/21 Inspector: (S)

|  |                                     |     |  |
|--|-------------------------------------|-----|--|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> | 40" | <p><i>- pending approval until grout is exposed</i><br/><i>12/9/21 Grout beneath pitless exposed.</i><br/><i>Grout is tight against casing (S)</i></p> |
| Two piece cap installed and attached to casing securely                                  | <input checked="" type="checkbox"/> | 32" |  |
| Elec. conduit extends at least 18" below grade/attached to cap properly                  | <input checked="" type="checkbox"/> | 16" |  |
| Safety rope not outside of well cap/casing   | <input checked="" type="checkbox"/> | 7"  |  |
| 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"/> |     |  |

Note: soil observed inside (on-between) grout and casing with roots growing through soil.





MYRTUE PROPERTY

LOT 19

**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

N:\02033\Lot Wells\Lot19.DGN

Mon Apr 16 16:56:37 2007



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:

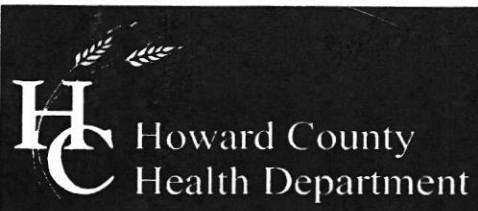
- The well site has been staked by DaFT-McCune Walker on \_\_\_\_\_ and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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*

*Martine Prof. Lots 1-31*





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# 19  
Well Tag: HO-95-1215

To Whom It May Concern:

A sample was collected from a yield test September 6, 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  $6.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $6.0 \pm 2.0$  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 black ink that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

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





**EMSL ANALYTICAL, INC.**

200 Route 130 North  
Cinnaminson, NJ 08077  
Telephone: (800)220-3675 FAX: (856)786-0327  
[cinnaminsonradonlab@emsl.com](mailto:cinnaminsonradonlab@emsl.com) | <http://www.EMSL.com>

**EMSL ORDER ID:** 782201341  
**EMSL CUSTOMER ID:** ECHM78

**Reported Date:** 3/9/2022  
**Current Rev** R0  
**Final Comment** 0

**Attention:** Stephen Shelley  
Enviro-Chem Laboratories, Inc.  
47 Loveton Circle  
Suite K  
Sparks, MD 21152

**Phone:** 410-472-1112  
**Email:** [steve@enviro-chem.net](mailto:steve@enviro-chem.net)

The following analytical report covers the analysis performed on samples submitted to EMSL Analytical, Inc. on 03/04/2022 at 09:51. The results are tabulated on the attached data pages for the following client designated project:

**69909 / 1927 Davis Branch Road**

The reference number for these samples is EMSL Order #782201341. Please use this reference when calling about these samples. If you have any questions, please do not hesitate to contact me at (800)220-3675.

**Dominic Gehret, Radiochemistry Laboratory Manager**  
or other approved signatory

The test results contained within this report meet the requirements of NELAP and/or the specific certification program that is applicable, unless otherwise noted.

NELAC Certification #: **03036**

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted.

**EMSL ANALYTICAL, INC.**

200 Route 130 North  
 Cinnaminson, NJ 08077  
 Telephone: (800)220-3675 FAX: (856)786-0327  
[cinnaminsonradonlab@emsl.com](mailto:cinnaminsonradonlab@emsl.com) | <http://www.EMSL.com>

**EMSL ORDER ID:** 782201341  
**EMSL CUSTOMER ID:** ECHM78

**Attention:** Stephen Shelley  
 Enviro-Chem Laboratories, Inc.  
 47 Loveton Circle  
 Suite K  
 Sparks, MD 21152

**Customer PO:**  
**EMSL Project ID:**  
**Project Name:** 69909 / 1927 Davis Branch Road

**Phone:** 410-472-1112  
**Email:** [steve@enviro-chem.net](mailto:steve@enviro-chem.net)

**Collected:** 03/03/2022 12:00  
**Received:** 03/04/2022 09:51  
**Analyzed:** See Results  
**Reported:** 3/9/2022

**Laboratory Report- Sample Summary**

| EMSL Sample ID. | Client Sample ID. | Start Sampling Date | Start Sampling Time |
|-----------------|-------------------|---------------------|---------------------|
| 782201341-0001  | 69909             | 3/3/2022            | 12:00 PM            |

If "Preliminary Report" is displayed in the signature box; this indicates that there are samples that have not yet been analyzed, that are in a preliminary state, or that analysis is in progress but not completed at the time of report issue.

| <u>Report Date</u> | <u>Report Revision</u> | <u>Revision Comments</u> |
|--------------------|------------------------|--------------------------|
| 3/9/2022           | R0                     | Initial Report           |

**Dominic Gehret, Radiochemistry Laboratory Manager**  
 or other approved signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted.

**EMSL ANALYTICAL, INC.**

200 Route 130 North  
 Cinnaminson, NJ 08077  
 Telephone: (800)220-3675 FAX: (856)786-0327  
 cinnaminsonradonlab@emsl.com | http://www.EMSL.com

**EMSL ORDER ID:** 782201341  
**EMSL CUSTOMER ID:** ECHM78

**Attention:** Stephen Shelley  
 Enviro-Chem Laboratories,  
 Inc.  
 47 Loveton Circle  
 Suite K

**Customer PO:**  
**EMSL Project ID:**  
**Project Name:** 69909 / 1927 Davis Branch Road

**Phone:** 410-472-1112  
**Email:** [steve@enviro-chem.net](mailto:steve@enviro-chem.net)

**Collected:** 03/03/2022 12:00  
**Received:** 03/04/2022 09:51  
**Analyzed:** See Results  
**Reported:** 3/9/2022

### Analytical Report

**Sample Identification:** 69909

**Lab Sample #:** 782201341-0001 **Date/Time Collected:** 3/3/2022 12:00 PM

| Test Parameter         | Units | Result | Uncertainty | SDWA DL | Start Count Date/ Time | End Count Date/ Time | Analyst | Status Count   | Method          | Comment |
|------------------------|-------|--------|-------------|---------|------------------------|----------------------|---------|----------------|-----------------|---------|
| NJ Rapid Gross Alpha   | pCi/L | 1.38   | 1.71        | 2.28    | 03/05/2022 08:25       | 03/05/2022 09:25     | JAW     | First Count    | ECLS-R-GA Rev.8 | (1)     |
| Gross Beta - EPA 900.0 | pCi/L | 1.97   | 1.62        | 1.78    | 03/05/2022 08:25       | 03/05/2022 09:25     | JAW     | Not Applicable | EPA 900.0       |         |

Sample Specific Comments

(1)= Analyte was analyzed for, but not detected above the SDWA DL

(2)= Analyte was analyzed for, but not detected above the MDA

Additional Comments

- \* The uncertainty reported is an expanded uncertainty of 1.96-sigma.
- \* For NJ Rapid Gross Alpha, the uncertainty reported is an expanded uncertainty of 1.65-sigma.
- \* The SDWA detection limit is defined in 40 CFR 141.25(c) as equal to the analyte concentration which can be counted with a precision of plus or minus 100% at the 95% confidencelevel (1.96σ where σ is the standard deviation of the net counting rate of the sample).
- \* For drinking water, the regulatory limit for gross alpha is 15 pCi/L with an SDWA DL of 3 pCi/L..
- \* For drinking water, the regulatory limit for combined radium-226 and radium-228 is 5 pCi/L with each having an SDWA DL of 1 pCi/L.
- \* If gross alpha result from the 36 – 48 hour count exceeds 5pCi/L, the plancheted sample is recounted between 20 – 28 hours after the midpoint of the initial count.

If "Preliminary Report" is displayed in the signature box; this indicates that there are samples that have not yet been analyzed, that are in a preliminary state, or that analysis is in progress but not completed at the time of report issue.

| <u>Report Date</u> | <u>Report Revision</u> | <u>Revision Comments</u> |
|--------------------|------------------------|--------------------------|
| 3/9/2022           | R0                     | Initial Report           |

**Dominic Gehret, Radiochemistry Laboratory Manager**  
or other approved signatory

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 16, 2022**

March 16, 2022

Homeowner  
1927 Davis Branch Road  
Woodstock, MD 21163

**RE: Marriotts Ridge, Lot 19**  
**1927 Davis Branch Road**  
**Building Permit: B21002484**  
**Well Permit: HO-95-1215**

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 **12/7/2021**. Final approval of the well line connection to the dwelling was granted on **12/9/2021**. The well construction was completed on **8/30/2007**. Water samples were collected on **3/3/2022**.

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 **9/6/2007**. Results showed a Gross Alpha level of **6.0 ± 1.0 pCi/L** and **Gross Beta** level of **6.0 ± 2.0 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). 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-95-1215. 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.**



**Bureau of Environmental Health**  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

---

**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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling  
522 Underwood Lane  
Bel Air, MD 21014

Report Date: 03/10/2022  
Report Number: 220310142314  
Use and Occupancy  
PERMIT #:

LAB#- E069909-01      SAMPLE ID- 1927 Davis Branch Rd      WELL #      HO 95-1223  
LOCATION-      Pressure Tank      SAMPLER-      1291SB  
DATE SAMPLED- 03/03/2022      TIME SAMPLED- 12:00      CHLORINE-      Non detect  
DATE RECEIVED- 03/03/2022      TIME RECEIVED- 15:00  
DELIVERED BY- Joe Williamson      RECEIVED BY- Ginny Shelley  
COMMENTS-

COMMENTS-

| ANALYSIS                           | METHOD   | ANALYSIS<br>DATE/TIME | BY  | RESULT | DATA<br>FLAG |
|------------------------------------|----------|-----------------------|-----|--------|--------------|
| <b>Microbiology by Enviro-Chem</b> |          |                       |     |        |              |
| Total Coliform                     | SM 9223B | 03/03/22 16:00        | VPS | Absent | PASS         |
| E. Coli                            | SM 9223B | 03/03/22 16:00        | VPS | Absent | PASS         |

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

### Wet Chemistry by Enviro-Chem

|                |            |                |     |       |         |      |
|----------------|------------|----------------|-----|-------|---------|------|
| Nitrate (as N) | EPA 300.0  | 03/04/22 01:36 | FRD | 0.85  | mg/L    | PASS |
| pH             | SM4500-H+B | 03/03/22 16:35 | SES | 5.3   | SU      |      |
| Sand           | EPA 160.5  | 03/04/22 09:00 | VPS | < 0.5 | ml/L/Hr |      |
| Turbidity      | EPA 180.1  | 03/03/22 16:35 | SES | 1.3   | NTU     |      |

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory

#192