

C 1 **7225** 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) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 100 26 2/15/08
 8 13 15 20 (TO NEAREST FOOT) OK Kw FROM "PERMIT TO DRILL WELL" HO-95-1189
 28 29 30 31 32 33 34 35 36 37

OWNER Keely Co. STREET OR RFD Woodstock rd. TOWN Woodstock
 SUBDIVISION Myrtuz PRO. SECTION LOT 13

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 shale	0	55	
Gray Limes tone	55	100	✓

GRROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 13 NO. OF POUNDS 1222
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL **CO** CONCRETE
 PL PLASTIC **OT** OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 100
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED yes no

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 5D 009
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
A	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
C	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	
S	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	
R	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
E	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128
N	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 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.) 15
 METHOD USED TO MEASURE PUMPING RATE 190L
 WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 46 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 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above LAND SURFACE **-** below 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)
 NO survey stakes

B 1 **4346**

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER
HO-95-1189
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name **Kreelty Company** Owner First Name 34
36 Street or RFD **P.O. Box 528** 55
57 Town **Timonium md.** 70 State 72 Zip 76

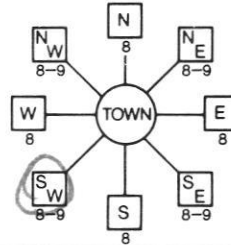
B 3 LOCATION OF WELL

8 COUNTY **Howard** 21
23 SUBDIVISION **Murtye Property** 42
SECTION 44 46 LOT **13** 48 50
52 NEAREST TOWN **Woodstock** 71
MILES FROM TOWN (enter 0 if in town) **2** M 73 76 77 78

DRILLER INFORMATION

Driller's Name **Allen Compton MS D 009** 76 License No. 81
Firm Name **Eagles Well Drilling**
Address **580 Obrecht Rd**
Signature **Allen Compton** Date **4-14-07**

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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

B 2 WELL INFORMATION
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)

- 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 COUNTY NAME COUNTY NO. **A518006-14**
STATE SIGNATURE
DATE ISSUED **8/8/07** INSERT S → 41
43 MM DD YY 48 CO SIGNATURE **[Signature]** EXP. DATE
NORTH GRID **542 000** EAST GRID **836 000**
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)
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

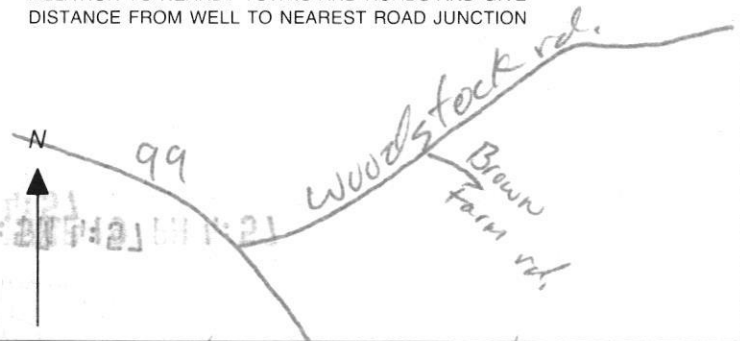
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **836**
N **542**

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



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

APPROP. PERMIT NUMBER **HO 2006 G 018**
PERMIT No. **HO-95-1189**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Need radium sample @ yield test

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. H0-95-1189

Date of Test: 9-13-07

Subdivision Name: Myrtle PLO.

Section _____ Lot # 13

Street Address: Woodsbeck

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 <u>8:00</u>	Static Water level: <u>42</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				
No.	Time	Water Level (ft.)	Pumping Rate (GPM)	Calculated Flow (GPM)
1	8:00	42 ft.	4	15 GPM
2	8:15	46 ft.	4	15 GPM
3	8:30	46 ft.	4	15 GPM
4	8:45	46 ft.	4	15 GPM
5	9:00	46 ft.	4	15 GPM
6	9:15	46 ft.	4	15 GPM
7	9:30	46 ft.	4	15 GPM
8	9:45	46 ft.	4	15 GPM
9	10:00	46 ft.	4	15 GPM
10	10:15	46 ft.	4	15 GPM
11	10:30	46 ft.	4	15 GPM
12	10:45	46 ft.	4	15 GPM
13	11:00	46 ft.	4	15 GPM
14	11:15	46 ft.	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
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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
BELAIR 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 Isam License# MSD162

*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: Keystone Homes Telephone #: _____
Subdivision: Myrtle Property Lot #: 13 Well Tag #: HO-95-1189
Site Address: 1853 DAVIS Branch Rd
WOODSTOCK, MD 21163

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Couloj</u>	Make: <u>BPI</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7CS05422</u>	Model#: <u>P100SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation <u>100</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PDI</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6 Feet</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

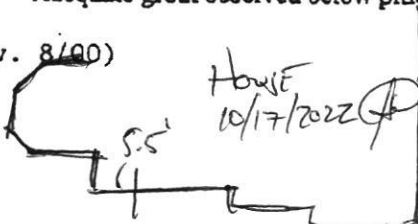
Signature of company representative responsible for installation _____ date 10/5/2022

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

Date Insp. Requested: 10/17/2022 Date Insp. Approved: 10/17/2022

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>42"</u>	<u>10/17/2022</u>
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"/>	<u>36"</u>	<u>10/17/2022</u>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>24"</u>	<u>10/17/2022</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>		
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>		

HD-215 (Rev. 8/00)





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:

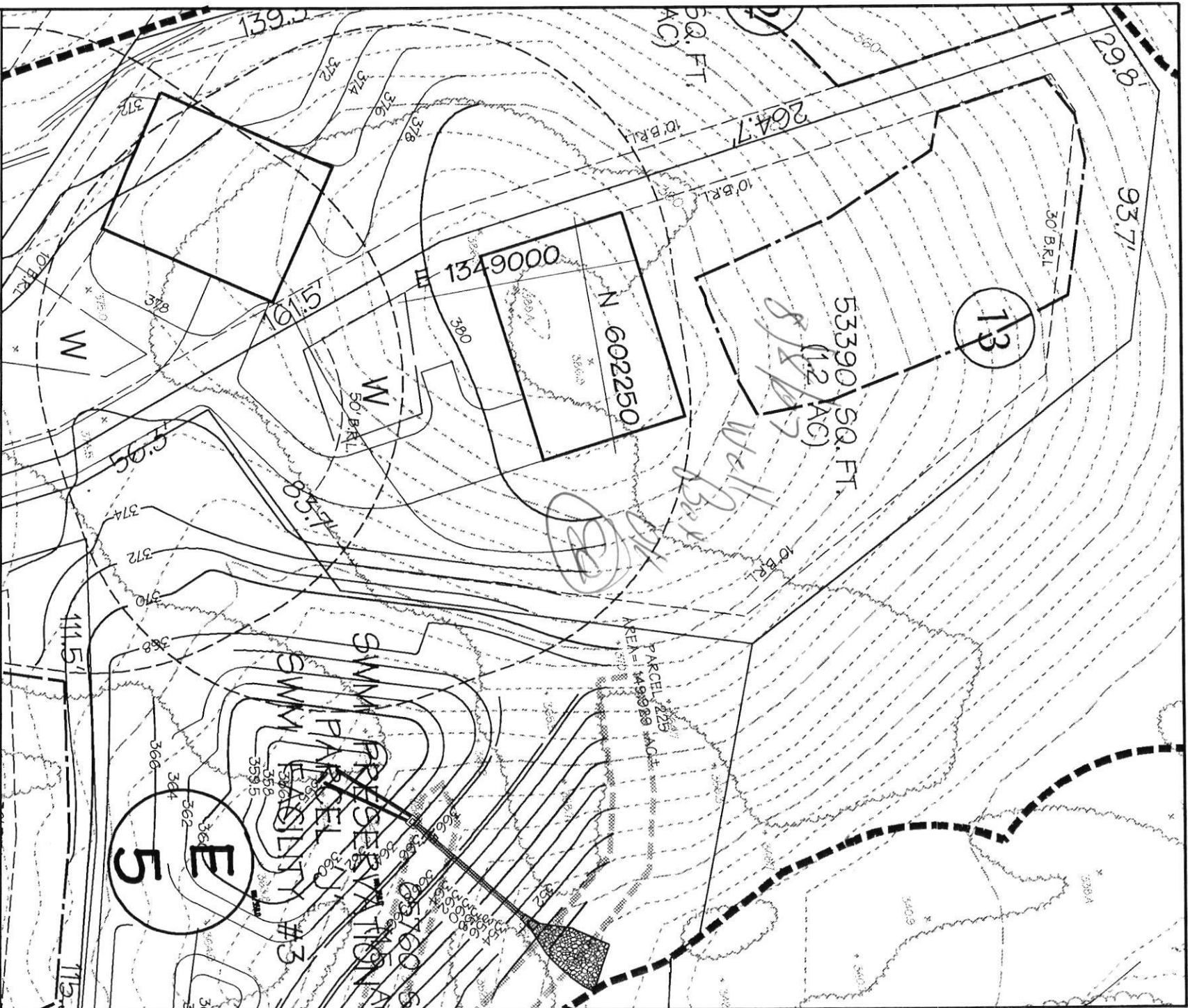
- The well site has been staked by DaFT - McCune Walker on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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*

Mantne Prop. Lots 1-31



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

MYRTLE PROPERTY
LOT 13



Draft 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

h:\02033\Lot 13\Lot13.DGN



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 27, 2023

February 27, 2023

Homeowner
1853 Davis Branch Road
Woodstock, MD 21163

**RE: Marriotts Ridge, Lot 13
1853 Davis Branch Road
Building Permit: B22000622
Well Permit: HO-95-1189**

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 **12/15/2022**. Final approval of the well line connection to the dwelling was granted on **10/17/2022**. The well construction was completed on **9/13/2007**. Water samples were collected on **2/7/2023, 2/20/2023**.

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 **9/13/2007**. Results showed a Gross Alpha level of **2.0 ± 1.0 pCi/L** and **Gross Beta** level of **3.0 ± 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). 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-95-1189. 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 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

HOME LAND

L A B S

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 02/10/2023

Client: Barlow Well Drilling
Property Address: 1853 Davis Branch Road
Woodbine, MD
Report No: 234281
Sample Time: 02/07/2023 14:00
Date & Time Received: 02/08/2023 07:45
Sampled By: Steve Duklewski 3091SD
Field Preservation: Ice
Sample Point(s): Pressure Tank
Water Conditioning Appears to be: None

Field Chlorine: 0.00
Field pH: Not Noted
Well Type: Drilled
Well Height: 1'
Cap Type: 2-Piece Water Tight
Casing: PVC
Conduit: PVC
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-95-1189

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Gross Beta	EPA 900.0	Pending	Pending	pCi/L	50.0			
Bacteria-Total Coliform	Colilert Test	Present	Fail	Per/100ml	Present	1	D J - 365	02/09/2023
Bacteria-E.coli	Colilert Test	Absent	Pass	Per/100ml	Present	1	D J - 365	02/09/2023
Nitrate + Nitrite as N	EPA 353.2	Not Detected	Pass	mg/L	10	0.5	M K - 365	02/08/2023
Turbidity	EPA 180.1	0.5	Pass	NTU	10	0.5	A D - 365	02/08/2023
Radium Gross Alpha	EPA 900.0	Pending	Pending	pCi/L	15			

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
pH	EPA 150.1	7.6	-	pH Units	-	1	A D - 365	02/08/2023

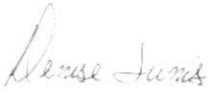
Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis

Sand	SM 2540F	Not Detected	NA	ml/L/hr	-	0.5	A D - 365	02/08/2023
------	----------	--------------	----	---------	---	-----	-----------	------------

Report Notes

The lab added the following notes for your report:

- pH must be analyzed in the field to be in accordance with EPA protocol.

Approved By:  Denise Junis, Lab Director

Is the sample for a public water system? Yes No

HOME LAND LABS

234281 Due Date: 02/09/2023
Client: Barlow Wel

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505 108 Old Solomons Island Road, Ste L2 3430 Rockefeller Court 2216 Commerce Road, Ste 2A
Towson, MD 21286 Annapolis, MD 21401 Waldorf, MD 20602 Forest Hill, MD 21050
MD Lab # 365 MD Lab # 106 MD Lab # 139

Client Name: <u>Michael Barlow Well Drilling</u>	Property Address:
Email Address: <u>misom@mbwd.us</u>	<u>1853 DAVIS BRANCH RD</u>
Phone Number: <u>(410) 838-6910</u>	<u>WOODBINE, MD</u>

Field Collection Information

Sampler Name: <u>Steve Duklewsk</u>	Field pH: <u>N/A</u>
Sampler ID #: <u>3091SD</u>	Field Chlorine (mg/L): <u>NONE</u>
Date Sampled: <u>2/7/2023</u> Time Sampled: <u>2:00</u>	Sand: <u>NONE</u>
Well Tag Number: <u>HP-95-1189</u>	Clarity: <u>CLEAR</u>

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: <u>1 Foot</u>	Cap Type: <u>two piece watertight</u>	Casing: <u>PVC</u>	Conduit: <u>PVC</u>
Sample Point: <u>PS: tank</u>		Water Conditioning: <u>NONE</u>	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- Bacteria Chlorides Total Dissolved Solids
- Lead Hardness Copper
- Nitrate + Nitrite Arsenic VOCs
- Iron Cadmium Other: ph
- Turbidity Gross Alpha Other: SAND
- Gross Beta

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: Steve Duklewsk Date/Time: 2/7/23 3:40 Jim 2/7/23

Released By: _____ Date/Time: 2/8/23 7:12 @4pm

Released By: _____ Date/Time: _____

Received in lab by: _____ Date/Time: 2/8/23 7:12

Sample temperature upon receipt: _____

2014 Golf Pt. Fogles

HOME LAND LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 02/22/2023

Client: Barlow Well Drilling
Property Address: 1853 Davis Branch
Woodstock, MD
Report No: 234799
Sample Time: 02/20/2023 13:00
Date & Time Received: 02/21/2023 08:30
Sampled By: Steve Dukewski 3091SD
Field Preservation: Ice
Sample Point(s): Pressure Tank
Water Conditioning Appears to be: None

Field Chlorine: Not Noted
Field pH: Not Noted
Well Type: Drilled
Well Height: 1'
Cap Type: 2 Piece PVC
Casing: PVC
Conduit: PVC
Clarity: Not Noted
Sand: Not Noted
Well Tag Number: HO-95-1189

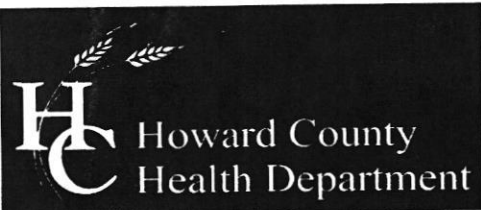
This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert Test	Absent	Pass	Per/100ml	Present	1	M K - 365	02/22/2023
Bacteria-E.coli	Colilert Test	Absent	Pass	Per/100ml	Present	1	M K - 365	02/22/2023

Approved By: _____

Denise Junis

Denise Junis, Lab Director



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# 13
Well Tag: HO-95-1189

To Whom It May Concern:

A sample was collected from a yield test September 13, 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 2.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was $<3.0 \pm 0.0$ 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

