



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

SEQUENCE NO. (MADE 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

(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 2-8 ON ALL CARDS)

DATE RECEIVED  
DATE WELL COMPLETED

DATE WELL COMPLETED  
DEPTH OF WELL  
TO NEAREST FOOT

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
NO. 92-1188

182  
182  
182

OWNER  
STREET OR RD.  
SUBDIVISION

TOWN  
SECTION  
LOT

WELL LOG  
Not required for driven wells

DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
Brown shale	0	32
lim-stone	32	182

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle appropriate box)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)	CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> BIC <input type="checkbox"/>
NO. OF BAGS	14
GALLONS OF WATER	84
DEPTH OF GROUT SEAL (to nearest foot)	0
from TOP	0
to BOTTOM	37
CASING RECORD	
MAIN CASING TYPE	PL
Nominal diameter (nearest inch)	6
Total depth of main casing (nearest foot)	41
OTHER CASING (if used) diameter (nearest inch) depth (nearest foot)	
SCREEN RECORD	
screen type or open hole	ST <input type="checkbox"/> BR <input type="checkbox"/> HO <input checked="" type="checkbox"/>
material	PL <input type="checkbox"/> BR <input type="checkbox"/> HO <input checked="" type="checkbox"/>
DEPTH (nearest ft.)	41

PUMPING TEST	
HOURS PUMPED (nearest hour)	3
PUMPING RATE (gal. per min.)	17.5
METHOD USED TO MEASURE PUMPING RATE	1 gal
WATER LEVEL (distance from land surface)	88
BEFORE PUMPING	62
WHEN PUMPING	62
TYPE OF PUMP USED (for test)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input checked="" type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS	
TYPE OF PUMP INSTALLED	
PLAGE (A,C,I,P,S,T,O) IN BOX 22	
CAPACITY GALLONS PER MINUTE (to nearest gallon)	31
PUMP HORSE POWER	37
PUMP COLUMN LENGTH (nearest ft.)	42
CASING HEIGHT (circle appropriate box and enter casing height)	+
LAND SURFACE	
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)	

NUMBER OF UNSUCCESSFUL WELLS

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 26.01.02 "WELL CONSTRUCTION" AND ACCORDANCE 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.

DRILLER'S LIC. NO. 1 M 20 009

DRILLER'S SIGNATURE

LIC. NO. 1 D

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

DIAMETER OF SCREEN

DIAMETER

SLOT SIZE

DEPTH (nearest ft.)

SCREEN RECORD

CASING RECORD

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

NO. OF BAGS

GALLONS OF WATER

DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE

Nominal diameter

Total depth of main casing

OTHER CASING

SCREEN RECORD

screen type or open hole

material

DEPTH

TYPE OF PUMP USED

DRILLER INSTALLED PUMP

IF DRILLER INSTALLS PUMP

TYPE OF PUMP INSTALLED

PLAGE

CAPACITY

PUMP HORSE POWER

PUMP COLUMN LENGTH

CASING HEIGHT

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE

MEASUREMENTS TO WELL

RECEIVED

HOWARD COUNTY HEALTH DEPARTMENT

ENGINEER/REGISTERED HEALTH PHYSICIAN

DATE

LOG INDICATOR

OTHER DATA

NO SURVEY STAKES

B 1 4345

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-1188 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

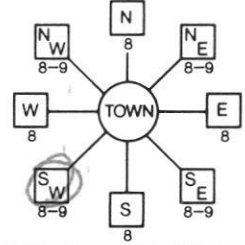
8 COUNTY Howard 21 23 SUBDIVISION Myrtle Property 42 SECTION 44 46 LOT 12 48 50 52 NEAREST TOWN Woodstock 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION

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

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Woodstock rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 DISTANCE FROM ROAD ENTER FT OR MI 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)

- 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 A518006-M COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 2/8/07 CO SIGNATURE EXP. DATE 8/8/08 NORTH GRID 542 000 EAST GRID 836 000

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) 30 37 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 52

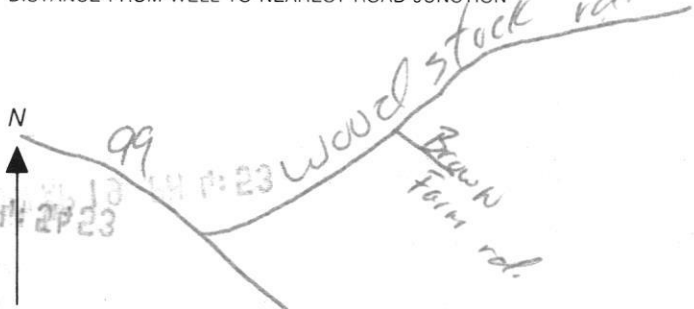
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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-95-1188

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Need radium sample @ yield test

4345

STATE OF MARYLAND  
DEPARTMENT OF THE ENVIRONMENT

APPLICATION FOR PERMIT TO DRILL WELL

DATE OF FILING: 11/11/01

32257

please use the following information

OWNER INFORMATION

Kelly Company  
P.O. Box 298

Terrace and Birch

DRILLER INFORMATION

Allen Campbell MS 000

Fogles Well Drilling

580 Orchard Rd

11-11-01

WELL INFORMATION

APPROX. DRILLING RATE  
GALLONS PER MINUTE

200

APPROX. DAILY QUANTITY RETURNED  
GALLONS PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC USE (SHRUBS & RESIDENTIAL)

FURNISHING IRRIGATION WATERING & AGRICULTURAL

FURNISHING WATER FOR WATERING & AGRICULTURAL

PUBLIC WATER SUPPLY WELL

TEST OR RESEARCH MONITORING

GEOTHERMAL

APPROXIMATE DEPTH OF WELL  
FEET

300

APPROXIMATE DIAMETER OF WELL  
INCHES

6

METHOD OF DRILLING (CIRCLE ONE)

AIR-ROTARY

REVERSE ROTATION

OTHER

REPAIRMENT OR DEEPENING WELL

THIS WELL WILL NOT REQUIRE REPAIR OR DEEPENING

THIS WELL WILL REQUIRE REPAIR OR DEEPENING

THIS WELL WILL REQUIRE REPAIR OR DEEPENING

THIS WELL WILL REQUIRE REPAIR OR DEEPENING

THIS WELL WILL REQUIRE REPAIR OR DEEPENING

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THIS WELL WILL REQUIRE REPAIR OR DEEPENING

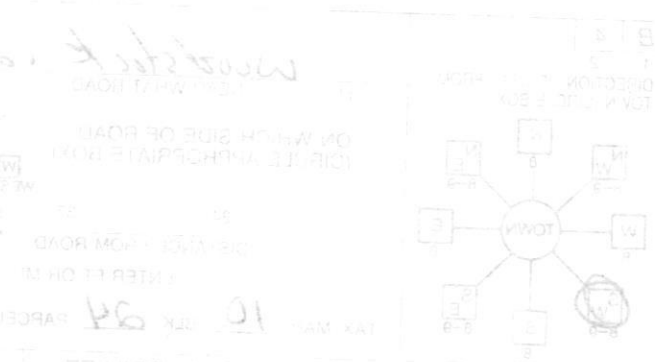
2001 APR 19 PM 4:54

ENVIRONMENTAL

PERMIT

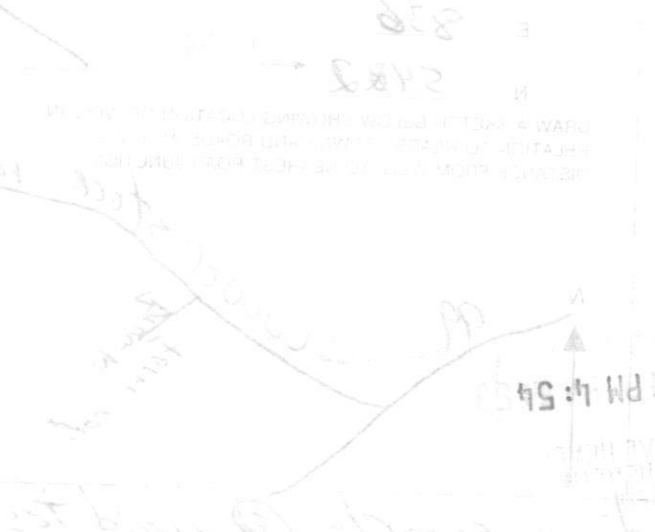
STATE OF MARYLAND

LOCATION OF WELL  
TOWNSHIP: Howard  
COUNTY: Prince Georges  
SECTION: 12  
LOT: 12  
NEAREST TOWN: Woodstock



NOT TO BE FILED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
A. Z. H. M. - M  
COUNTY NO.

DATE ISSUED: 11/11/01  
SIGNATURE: [Handwritten Signature]  
COUNTY: Prince Georges  
TOWNSHIP: Howard  
SECTION: 12  
LOT: 12



APPROXIMATE DEPTH OF WELL  
APPROXIMATE DIAMETER OF WELL



**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 #: \_\_\_\_\_  
Subdivision: Myrtle Heights Lot #: 12 Well Tag #: HO 95-1188  
Site Address: 1847 DAVIS BRANCH RD  
WOODSTOCK, MD 21163

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Star-Je</u>	Make: <u>BIT</u>	Two piece watertight cap: _____
Model #: <u>112HP</u>	Model #: <u>P105</u>	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>7</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>185</u> (feet)		Conduit secured to well cap: <u>yes</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 <u>inside of well casing</u>		

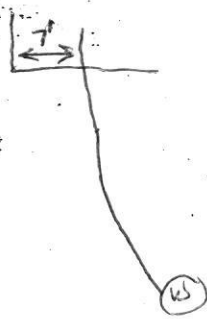
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>yes</u>

**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.**

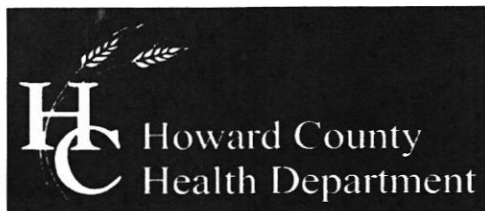
Signature of company representative responsible for installation: \_\_\_\_\_ date: 5/25/22

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

Date Insp. Requested: 5/27/22 Date Insp. Approved: 10/6/22 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  45"  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  23"  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  17"  
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



OK   
sleeve 5' down from porch floor. Currently at grade.  
Reinsp at final grade  
sleeve too long 5/27/22 (SP)



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

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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# 12  
Well Tag: HO-95-1188

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  $3.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $5.0 \pm 2.0$  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,  
  
Bert Nixon, Director  
Bureau of Environmental Health

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

Send Report To:

Bart Niska

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

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: H0-75-1188 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Myrdre Prop - Lot 12 County: Howard

Sample Source: Davis Branch Rd. Location: H0-95-1188  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 9/13/07

Time Collected: 10:45 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample collected @ yield pH 6.5 Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0661	3±1	09/18/07
✓	Gross Beta	4100	0661	5±2	"
	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			

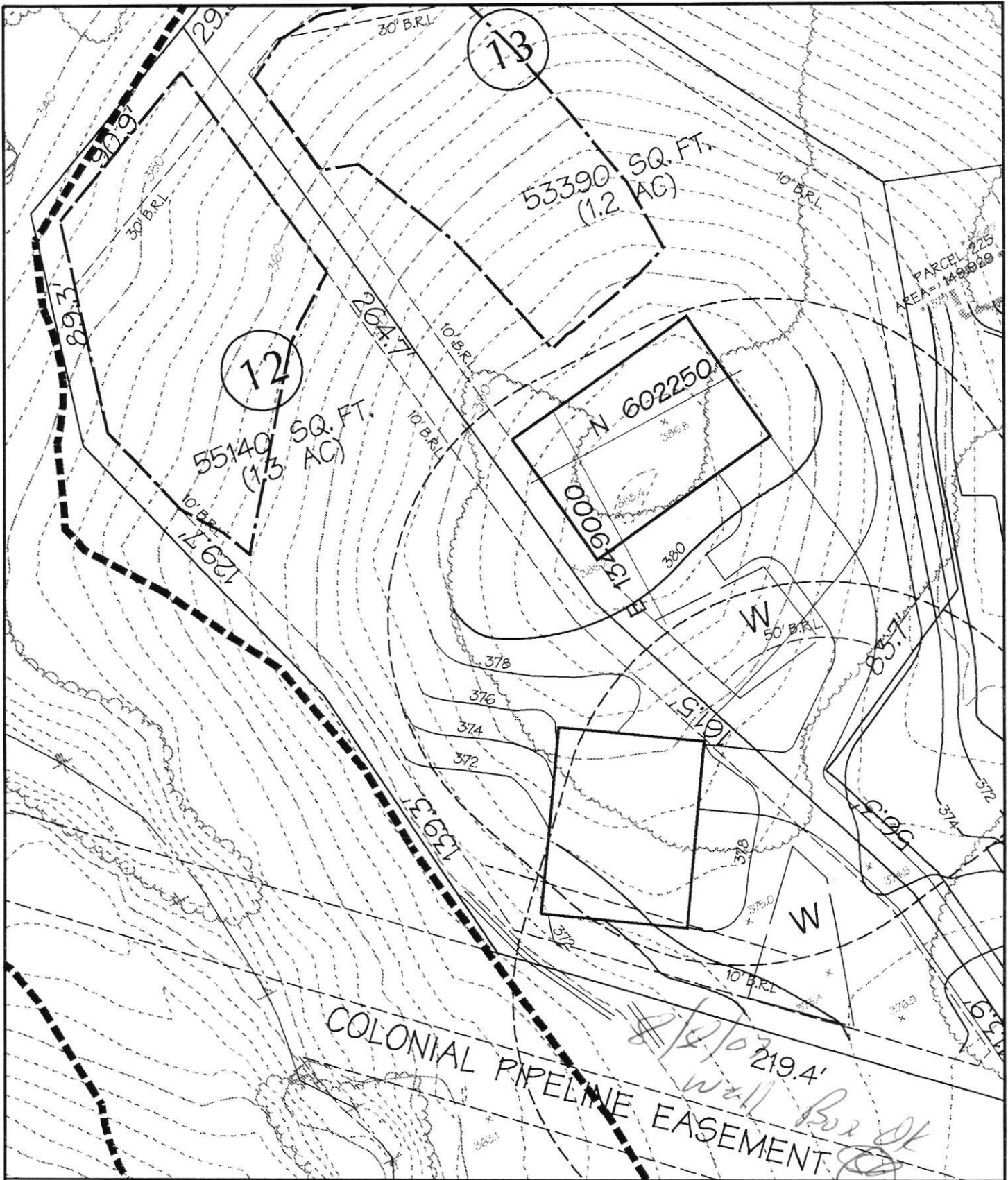
Date Received: 09/13/07

Supervisor: D. Bilibin

FORM REVISED 02/06  
DHMH 4540 02/06

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

ORIGINAL - LABORATORY



MYRTUE PROPERTY

LOT 12

**DMW**

Daft-McCune-Walker, Inc.  
 200 East Pennsylvania Avenue  
 Towson, Maryland 21286  
 (410) 296-3333  
 Fax 296-4705

of Land Planners,

A Team  
 Landscape Architects,  
 Engineers, Surveyors &  
 Environmental Professionals

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

n:\02033\Lot Wells\Lot12.DGN

Wed Apr 25 11:57:36 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*

*Munroe Prop. Lots 1-31*

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 6, 2023**

October 6, 2022

Homeowner  
1847 Davis Branch Road  
Woodstock, MD 21163

**RE: Marriotts Ridge, Lot 12**  
**1847 Davis Branch Road**  
**Building Permit: B21004019**  
**Well Permit: HO-95-1188**

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 **8/15/2022**. Final approval of the well line connection to the dwelling was granted on **10/6/2022**. The well construction was completed on **9/13/2007**. Water samples were collected on **9/29/2022**.

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 **9/13/2007**. Results showed a Gross Alpha level of **3.0 ± 1.0 pCi/L** and **Gross Beta** level of **5.0 ± 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-95-1188. 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.**

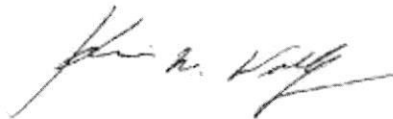
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Maura J. Rossman, M.D., Health Officer

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

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

Approving Authority,



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

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

# 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: 10/05/2022  
Report Number: 221005104006  
Use and Occupancy  
PERMIT #:

LAB#- E072007-01      SAMPLE ID- 1847 Davis Branch Rd      WELL #      HO 95-1188  
LOCATION- Pressure Tank      SAMPLER- S Duklewski #3073SD  
DATE SAMPLED- 09/29/2022      TIME SAMPLED- 07:50      CHLORINE- Non detect  
DATE RECEIVED- 09/29/2022      TIME RECEIVED- 11:20  
DELIVERED BY- Steve Duklewski      RECEIVED BY- Ginny Shelley  
COMMENTS- Secure well, 2 piece PVC cap. No treatment.

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
Total Coliform	SM 9223B	09/29/22 13:00	VPS	Absent	PASS
E. Coli	SM 9223B	09/29/22 13:00	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	09/29/22 17:13	SES	0.06	mg/L	PASS
pH	SM4500-H+B	09/29/22 15:00	FRD	6.3	SU	
Sand	EPA 160.5	09/29/22 12:45	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	09/29/22 15:00	FRD	0.2	NTU	

Stephen Shelley  
Laboratory Director

Certifications

State of Maryland Laboratory

#192

**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:** 782206864  
**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:** 1847 Davis Branch Rd.

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

**Collected:** 09/29/2022 07:50  
**Received:** 09/30/2022 09:40  
**Analyzed:** See Results  
**Reported:** 10/3/2022

**Laboratory Report- Sample Summary**

EMSL Sample ID.	Client Sample ID.	Start Sampling Date	Start Sampling Time
782206864-0001	1847 Davis Branch Rd.	9/29/2022	7:50 AM

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>
10/3/2022	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.**

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**EMSL ORDER ID:** 782206864  
**EMSL CUSTOMER ID:** ECHM78

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 Enviro-Chem Laboratories,  
 Inc.  
 47 Loveton Circle  
 Suite K

**Customer PO:**  
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**Analyzed:** See Results  
**Reported:** 10/3/2022

### Analytical Report

**Sample Identification:** 1847 Davis Branch Rd.

**Lab Sample #:** 782206864-0001 **Date/Time Collected:** 9/29/2022 07:50 AM

Test Parameter	Units	Result	Uncertainty	SDWA	Start Count	End Count	Analyst	Status	Count	Method	Comment
				DL	Date/ Time	Date/ Time					
NJ Rapid Gross Alpha	pCi/L	1.87	2.00	2.56	10/01/2022 04:05	10/01/2022 05:05	JAW / SAT		First Count	ECLS-R- GA Rev.8	(1)
Gross Beta - EPA 900.0	pCi/L	2.08	2.09	2.56	10/01/2022 04:05	10/01/2022 05:05	JAW / SAT		Not Applicable	EPA 900.0	(1)

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.

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<u>Report Date</u>	<u>Report Revision</u>	<u>Revision Comments</u>
10/3/2022	R0	Initial Report

Dominic Gehret, Radiochemistry Laboratory Manager  
or other approved signatory