

C1 56522 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

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

ST/CO USE ONLY DATE Received MM DD YY 11/19/18 DATE WELL COMPLETED MM DD YY 11-7-18

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-17-0330

OWNER Trinity Homes WELL SITE ADDRESS Allnut Lane TOWN Highland SUBDIVISION The Estates at River Hill SECTION LOT 6

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, FEET (FROM, TO), check if water bearing. Rows include Clay Brown shale, Grey LIS, Fracture, etc.

GROUTING 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 30 NO. OF POUNDS 2820

CASING RECORD

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

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

SCREEN RECORD

screen type or open hole ST BR HO insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

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. 1 MSD 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 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. Values: Ho 64 300

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) 3 PUMPING RATE (gal. per min.) 5.5 METHOD USED TO MEASURE PUMPING RATE 1000 WATER LEVEL (distance from land surface) BEFORE PUMPING 23 WHEN PUMPING 158 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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) + above - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.196686 LONGITUDE 76.952164 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	SEQUENCE NO. (MDE USE ONLY) 59728	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 563967-E please type	STATE PERMIT NUMBER HO-17-0330 fill in this form completely
	1 2 3 6		70 79

**OWNER INFORMATION**

Date Received (APA) 07/27/18

8 MM DD YY 13

15 Last Name Trinity Homes Owner First Name Trinity 34

36 Street or RFD 3675 Park Ave Suite 301 55

57 Town Ellicott City Md 21043 70 State 72 Zip 76

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION The Estates at River Mill 42

SECTION 44 46 LOT 6 48 50

52 NEAREST TOWN Highland 71

**DRILLER INFORMATION** Andrew Houseman M50 224

Driller's Name Allen Compton 76 License No. M S D 009 81

Firm Name Franks Well Drilling, LLC

Address PO Box 202 Woodbine, Md 21797

Signature Allen Compton 7-27-18 Date

**SOURCES OF DRILLING WATER**

1. Well water 11 STREET ADDRESS Allnut Lane 30

2. 11/1

3. at 300'

- 3 gpm

- 64' steel casing

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 950 37 DISTANCE FROM ROAD FT

ENTER FT OR MI FT 38 39

TAX MAP: 34 BLK: 23 PARCEL 389

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard 13 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 9/17/18 43 MM DD YY 48 CO SIGNATURE S.L. Lee 9/17/19 EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

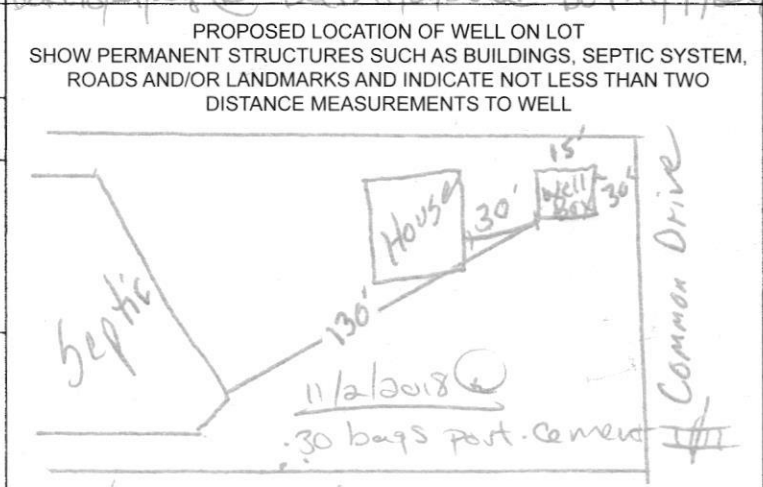
**METHOD OF DRILLING (circle one)**

BORED (or Augered) AIR-ROTary JETTED ROTARY (Hydraulic Rotary) 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

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

APPROP. PERMIT NUMBER H02018G005

PERMIT No. HO-17-0330 70 71 72 73 74 75 76 77 78 79

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

10/29/2018

200' casing

200' casing yet.

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. SEE ATTACHED MEMO.



**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: Do-It Plumbing & Heating Telephone #: 240-882-0069  
Address: 104 Estelle Ct  
Sykesville, Md. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Duane Gilbert License# 21899

**\*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: TBF Telephone #: 410-480-0023  
Subdivision: Estate at River Hill Lot #: 6 Well Tag #: HO-17-0330 (85)  
Site Address: ~~2700~~ Noble Way  
Highland Md

13613

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>2552-12PH-14-2</u>	Model#: <u>P-800-55</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</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 inside of well casing

**Piping to house**

Type: Black Poly  
PSI: yes (160 psi min)  
Depth of supply line: yes (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: yes  
Length of sleeve (5' minimum from foundation): yes  
Sleeve sealed properly: yes

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: Duane Gilbert date: Oct-21-2021

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

Date Insp. Requested: 10/21/21 Date Insp. Approved: 10/21/21 Inspector: (85)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	36"
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"/>	31"
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"/>	23"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	9'
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	





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 – MARCH 21, 2023

September 21, 2022

Homeowner  
13613 Noble Way  
Highland, MD 21077

**RE: Estates @ River Hill, Lot 6  
13613 Noble Way  
Building Permit: B19003291  
Well Permit: HO-17-0330**

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 **8/30/2022**. Final approval of the well line connection to the dwelling was granted on **10/21/2021**. The well construction was completed on **11/7/2018**. Water samples were collected on **8/30/2022**.

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 **11/7/2018**. Results showed a Gross Alpha level of **4.1 ± 1.7 pCi/L** and **Gross Beta** level of **8.8 ± 2.1 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-17-0330. 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 Environments 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

**Collins, Sarah**

---

**From:** Collins, Sarah  
**Sent:** Friday, December 07, 2018 8:22 AM  
**To:** Theresa Miller <Theresa@foglesinc.com> (Theresa@foglesinc.com)  
**Subject:** Well yield memo  
**Attachments:** well yield test memo.pdf

Hi Theresa,

Please pass on this memo to Allen. While reviewing completion reports from Allutt Lane I saw that the well at lot 6 had the pump set at 280' but the drawdown was only 158'. In this case the yield is sufficient for a 3-hr test, but if the yield was in the 1-2 gpm range we would need to see the drawdown closer to the pump.

Have a good weekend,  
Sarah

Sarah Collins, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*CONFIDENTIALITY NOTICE*

*This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.*

---

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

**MEMORANDUM**

**TO:** Allen Compton (MSD 009)

**FROM:** Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

**DATE:** September 17, 2018

**RE:** Well permits for the Estates at River Hill

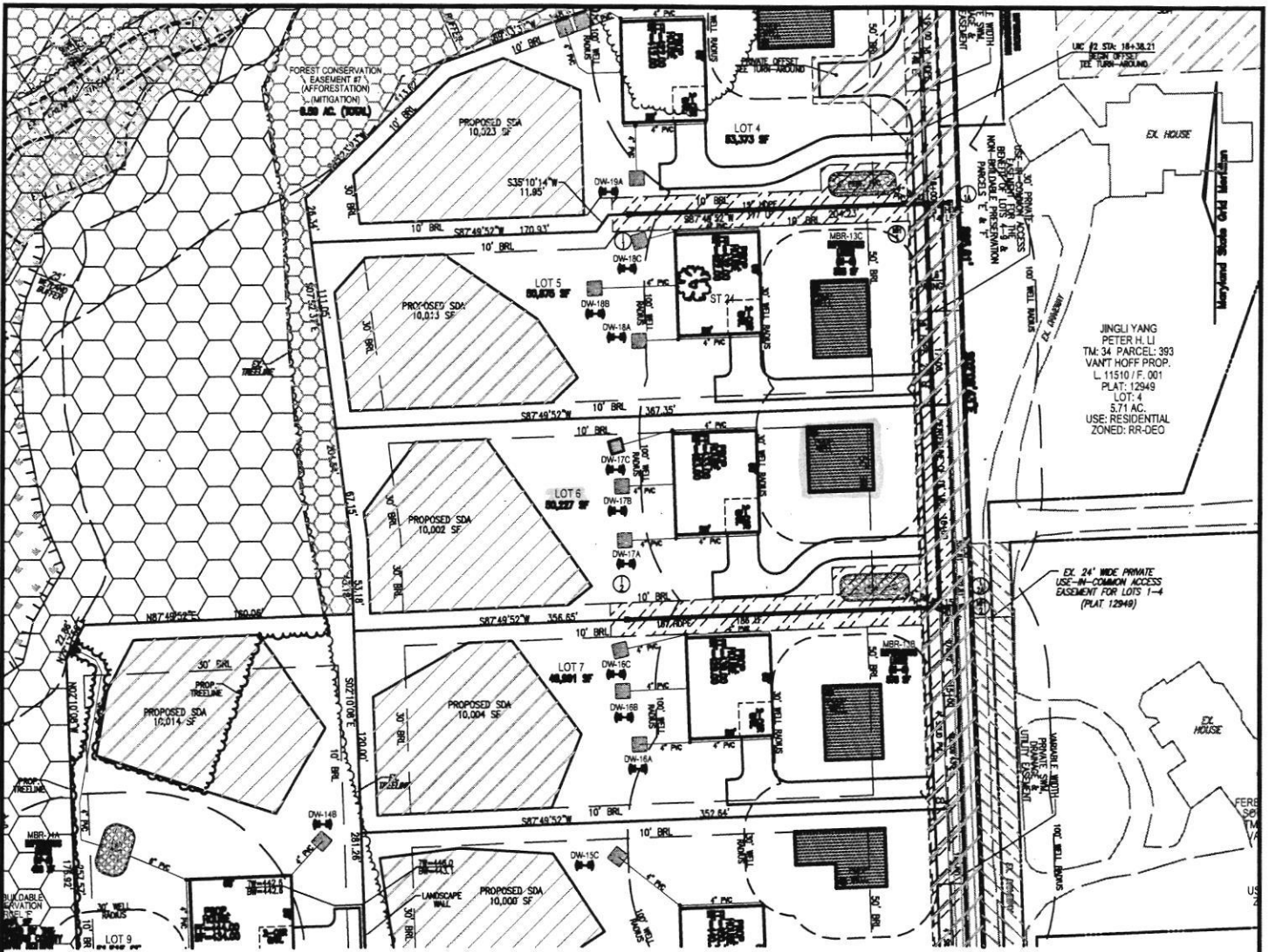
---

The following conditions apply to the well permits for the Estates at River Hill:

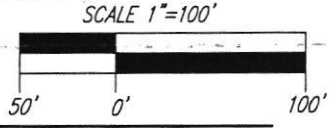
- A radium sample is required at the yield test for all lots.
- Sodium, chloride, and total dissolved solids samples are required at the yield test for Lots 1, 2, 3, 4, 10, and 11.
- Steel casing to 50' or 10' into competent bedrock, whichever is deeper, is required for Lots 5, 7, and 8.
- Per the Groundwater Appropriations Permit from Maryland Department of the Environment, any well less than 100' from another well AND on a lot less than one acre requires a simultaneous yield test. Lot 10 is the only lot less than one acre; any well less than 100' from Lot 10 requires a simultaneous yield test with the Lot 10 well.

Feel free to contact me at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov) with any questions.

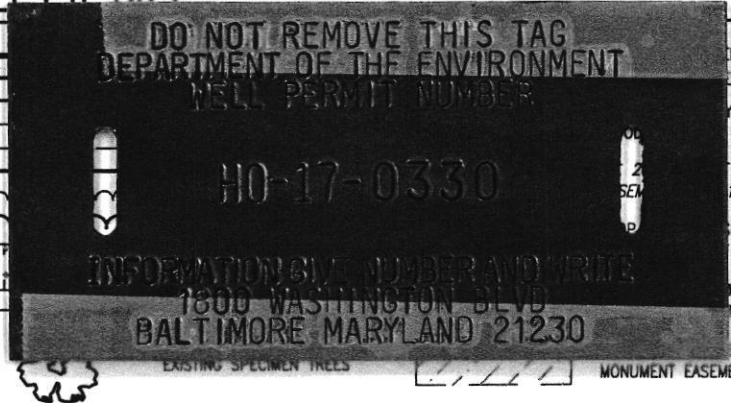
Cc: Vogel Engineering, Rob Vogel ([rvogel@vogeleng.com](mailto:rvogel@vogeleng.com))  
File

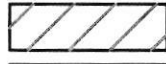
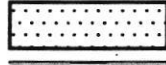





LOT 6 - WELL EXHIBIT  
SCALE: 1"=100'



LEGEND:



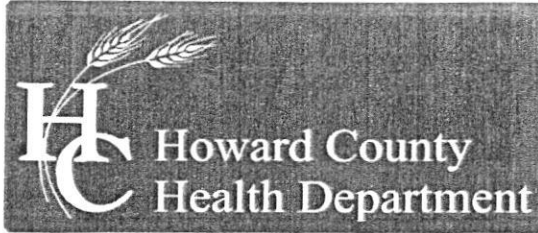
-  PROP. SEWAGE DISPOSAL AREA
-  PROP. WELL AREA
-  PROP. STORMDRAIN
-  EXISTING WELL
-  PROPOSED WELL

**ROBERT H. VOGEL ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
3300 N. RIDGE ROAD, SUITE 110 TEL: 410.461.7666  
ELLCOTT CITY, MD 21043 FAX: 410.461.8961

SCALE: 1"=100'  
DRAWN BY: JMR  
CHECKED BY: RHV  
DATE: JUNE 2018  
W. O. #: 15-39  
SHEET #: 1 OF 1

Well box approved 9/17/18 sc  
Well box staked by Vogel Engineering  
WELL EXHIBIT - LOT 6  
THE ESTATES AT RIVER HILL  
LOTS 1-15, BUILDABLE PRESERVATION PARCEL 'A'  
AND NON-BUILDABLE PRESERVATION PARCELS 'B-H'  
A RE-SUBDIVISION OF THE "GREENE PROPERTY" LOT 1  
PARCEL: 389  
TAX MAP: 34 GRID: 23  
5TH ELECTION DISTRICT

ZONED: RR-DEO  
L 4772 / F. 265  
HOWARD COUNTY, MARYLAND



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045 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

Twitter: HowardCoHealthDep

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

---

**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:

The Estates at River Hill    1-15 Parcel A - Allnut Lane  
Subdivision/Property Name                      Lot #    Road Name

The well site has been staked by Robert H. Vogel Engineering, Inc.  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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.

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

December 21, 2018

**Tim Keane**  
**Trinity Homes**  
**3625 Park Avenue**  
**Ellicott City, Maryland 21043**

**RE: Estates at River Hill Lot 6**  
**Allnutt Lane**  
**Well Tag: HO – 17 – 0330**

Dear Mr. Keane:

A sample was collected during a yield test on November 7, 2018 and submitted to the Maryland Department of Health 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  $4.1 \pm 1.7$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $8.8 \pm 2.1$  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 targeted standard 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 well water supply **is within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

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

✓ Enclosure  
cc: Property file

SEND REPORT TO:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No.

**Howard County Health Department**  
**Bureau of Environmental Health**  
8930 Stanford Blvd.  
Columbia, Maryland 21045

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: ESTATES AT RIVER HILL

County: HOWARD

Sample Source: LOT 6

Location: HO-17-0330

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HO-17-0330

Radon-222 Field Blank

Bottle A \_\_\_\_\_

**RADIUM** Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 13

Plant No. 

--	--	--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

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

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: 4 F

Federal Project:

Collector: CABANUG, JOSEPH

Telephone No.: 410 313 2643

Date Collected: 11/07/2018

Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.

Field pH: 6.5

Field Chlorine: NEG

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Sample Collected at field.

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1004	EPA 900.0	4.1 ± 1.7	11/13/18	RH	11/14/18
<input checked="" type="checkbox"/>	Gross Beta	4100	1004	EPA 900.0	8.8 ± 2.1	11/13/18	RH	11/14/18
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 11/8/18 Received By: [Signature]

Data Release Signature: [Signature] Date: 11/14/18

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

REPORT TO:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. 12

**Howard County Health Department**  
**Bureau of Environmental Health**  
8930 Stanford Blvd.  
Columbia, Maryland 21045

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: HCHD

County: HOWARD

Sample Source: WEGMANS DISTILLED

Location: LAB  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A FIELD BLANK Radon-222 Field Blank

Bottle A \_\_\_\_\_

RADIUM Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 13

Plant No. 

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other _____	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: 4 F

Federal Project:

Collector: CABANUG, JOSEPH

Telephone No.: 410 33 2643

Date Collected: 11/07/2018

Time Collected: 1 a.m. 16:00 p.m.

Field pH: 6.0

Field Chlorine: NIG

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: \_\_\_\_\_

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1003	EPA900.0	< 2.0	11/13/18	RH	11/14/18
<input checked="" type="checkbox"/>	Gross Beta	4100	1003	EPA900.0	< 4.0	11/13/18	RH	11/14/18
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 11/8/18

Received By: [Signature]

Data Release Signature: [Signature]

Date: 11/16/18

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154204 Account #: 4035  
Reference: Estates at River Hill Lot 6 Client: Trinity Quality Homes, Inc.  
Location: 13613 Noble Way Requested By: Michael Pfau  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 8/30/2022 1130 Site: Pressure Tank  
Date/Time Rec'd: 8/30/2022 1411 Treatment: Prior to Softener/Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: R. Ott 0266RO Well #: HO-17-0330

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/31/2022 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/31/2022 / 0900 / CRS
Nitrate.	0.42	mg/L	10	EPA 300.0	8/30/2022 / 2054 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/30/2022 / 1525 / TSD
Turbidity	7.24	NTU	<10	SM2130B	8/30/2022 / 1550 / TSD

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B19003291

Date Reported: 9/1/2022

Reviewed By: 