

C1 7257

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Keely Co. STREET OR RFD: Woodstock rd. TOWN: Woodstock SUBDIVISION: Myrtle PRO. SECTION LOT 15

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: Brown shale, Gray Granite, 0 54, 54 100.

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

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

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

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

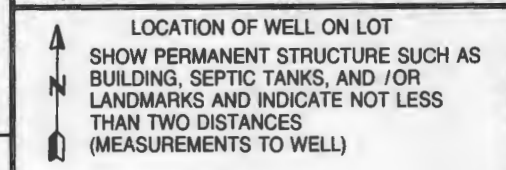
DEPTH (nearest ft.) table with columns for depth intervals and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (BEFORE PUMPING, WHEN PUMPING), TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y) NO (N)

- CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

DRILLERS LIC. NO. M S D 009 DRILLERS SIGNATURE LIC. NO. 1 D

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

NO survey stakes

B 1 4348

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HD-95-1191 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Keelty Company P.O. Box 528 Timonium Md 21094

B 3 LOCATION OF WELL

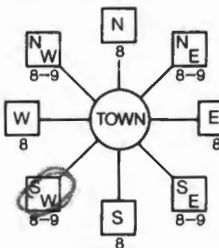
Howard Myrtle Property Woodstock NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION

Allen Compton MS D 009 Eagles Well Drilling 580 obrecht Rd 4-14-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodstock rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 10 BLK: 24 PARCEL 225

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) 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 AS18006-M COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 8/2/07 CO SIGNATURE EXP. DATE 8/18/08 NORTH GRID 540 000 EAST GRID 837 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

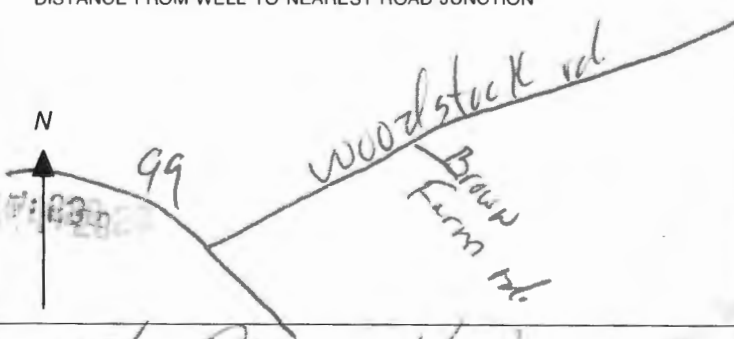
SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 837 N 540

8/20/07 water sample collected @ yield (K)

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 HD 2006 G 01 PERMIT No. HD-95-1191

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS WHEN NEEDED

wood radium sample @ yield test

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. HO-95-1191

Date of Test: 8-28-07

Subdivision Name: Myrtle PRO.

Section _____ Lot # 15

Street Address: Woodstock rd.

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>11:00</u>	Static Water level: <u>30</u> ft.	Pumping Rate <u>4 sec.</u> () 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			
#	TIME	WATER LEVEL ft.	PUMPING RATE GPM
1	11:00	30	4 15
2	11:15	58	7 8.5
3	11:30	58	7 8.5
4	11:45	58	7 8.5
5	12:00	58	7 8.5
6	12:15	58	7 8.5
7	12:30	58	7 8.5
8	12:45	58	7 8.5
9	1:00	58	7 8.5
10	1:15	58	7 8.5
11	1:30	58	7 8.5
12	1:45	58	7 8.5
13	2:00	58	7 8.5
14	2:15	58	7 8.5
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
BEI AC, 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 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: Nurture Property Lot #: 32 Well Tag #: HO-95-1191
Site Address: 1880 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>BEE</u>	Two piece watertight cap: _____
Model #: <u>7CSA5422</u>	Model #: <u>P100</u>	Screened, vented well cap: _____
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>9</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>100</u> (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors 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>1" poly</u>	PVC sleeved to undisturbed soil at wall penetration: _____
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: _____

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 _____

4/12/2023
date

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

Date Insp. Requested: 4/14/23 Date Insp. Approved: 4/25/2023 RR
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade (well tag missing)
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

back

Corrected 11/25/23
RR

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 28, 2024

July 28, 2023

Homeowner
1880 Davis Branch Road
Woodstock, MD 21163

RE: Marriotts Ridge, Lot 32
1880 Davis Branch Road
Building Permit: B22003453
Well Permit: HO-95-1191

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 **5/1/2023**. Final approval of the well line connection to the dwelling was granted on **4/28/2023**. The well construction was completed on **8/28/2007**. Water samples were collected on **6/2/2023, 7/19/2023**.

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 **8/28/2007**. Results showed a Gross Alpha level of **1.4 ± 038 pCi/L** and **Gross Beta** level of **3.1 ± 1.2 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-95-1191. 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.

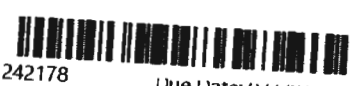
Approving Authority,

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

Is the sample for a public water system? Yes No

HOME LAND LABS



242178
Due Date: 01/20/2023
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: <u>1880 Davis Branch Rd</u>
Email Address: <u>misom@mbwd.us</u>	<u>Woodstock, MD 21163</u>
Phone Number: <u>(410) 838-6910</u>	

Field Collection Information

Sampler Name: <u>Steve Duklewski</u>	Field pH: <u>N/A</u>
Sampler ID #: <u>309150</u>	Field Chlorine (mg/L): <u>∅</u>
Date Sampled: <u>7-19-23</u> Time Sampled: <u>8:45 AM</u>	Sand: <u>∅</u>
Well Tag Number: <u>H0-95-1191</u>	Clarity: <u>∅</u>

Well Casing and Cap Condition

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

Height Above Grade: <u>12"</u>	Cap Type: <u>PVC 2 Piece</u>	Casing: <u>PVC</u>	Conduit: <u>PVC</u>
Sample Point: <u>PSI Tank</u>	Water Conditioning: <u>N/A</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: _____
- Turbidity Gross Alpha Other: _____

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

Release Signatures

Released By: [Signature] Date/Time: 7-19-23 1:19

Released By: _____ Date/Time: _____


Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 7/19/23 1:19 PM

Sample temperature upon receipt: 7.9'

Is the sample for a public water system? Yes No

HOME LAND LABS



239813 Due Date: 06/06/2023
Client: Barlow Wel

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Client Name: <u>Michael Barlow Well Drilling</u>	Property Address:
Email Address: <u>misom@mbwd.us</u>	<u>1880 Davis Branch Rd</u>
Phone Number: <u>(410) 838-6910</u>	<u>Woodstock, MD 21163</u>

Field Collection Information

Sampler Name: <u>Steve Duklewski</u>	Field pH: <u>N/A</u>
Sampler ID #: <u>309150</u>	Field Chlorine (mg/L): <u>∅</u>
Date Sampled: <u>6-2-23</u> Time Sampled: <u>9:45 am</u>	Sand: <u>∅</u>
Well Tag Number: HO-95-1191 <u>HO-95-1191</u>	Clarity: <u>∅</u>

Well Casing and Cap Condition

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

Height Above Grade: <u>12"</u>	Cap Type: <u>PVC 2 Piece</u>	Casing: <u>PVC</u>	Conduit: <u>PVC</u>
Sample Point: <u>PSI Tank</u>	Water Conditioning: <u>N/A</u>		

Requested Testing: (Please check all that apply)

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

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

Release Signatures

Released By: [Signature] Date/Time: 6-2-23 2:43

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 6-2-23 2:43 p

Sample temperature upon receipt: _____

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: 07/20/2023

Client: Barlow Well Drilling
Property Address: 1880 Davis Branch Road
Woodstock, MD 21163
Report No: 242178
Sample Time: 07/19/2023 08:45
Date & Time Received: 07/19/2023 13:19
Sampled By: Steve Duklewski 3091SD
Field Preservation: Ice
Sample Point(s): PSI Tank
Water Conditioning Appears to be: None

Field Chlorine: 0.00
Field pH: Not Noted
Well Type: Drilled
Well Height: 12"
Cap Type: 2-Piece PVC
Casing: PVC
Conduit: PVC
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-95-1191

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	J M - 370	07/20/2023
Bacteria-E.coli	Colilert Test	Absent	Pass	Per/100ml	Present	1	J M - 370	07/20/2023

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

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 12
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: 06/07/2023

Client: Barlow Well Drilling
Property Address: 1880 Davis Branch Road
Woodstock, MD 21163
Report No: 239813
Sample Time: 06/02/2023 09:45
Date & Time Received: 06/02/2023 14:43
Sampled By: Steve Duklewski 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: 12"
Cap Type: 2 Piece PVC
Casing: PVC
Conduit: PVC
Clarity: Not Noted
Sand: Not Noted
Well Tag Number: HO-95-1191

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	Colisure Test	Present	Fail	Per/100ml	Present	1	A D - 365	06/04/2023
Bacteria-E.coli	Colisure Test	Absent	Pass	Per/100ml	Present	1	A D - 365	06/04/2023
Nitrate + Nitrite as N	EPA 353.2	0.5	Pass	mg/L	10	0.5	M K - 365	06/05/2023
Turbidity	EPA 180.1	0.9	Pass	NTU	10	0.5	M K - 365	06/05/2023
Radium Gross Alpha	EPA 900.0	<1.0	Pass	pCi/L	15	1.0	F R C - 278	06/06/2023

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
pH	EPA 150.1	5.8	-	pH Units	-	1	M K - 365	06/05/2023

Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Sand	SM 2540F	Not Detected	NA	ml/L/hr	-	0.5	M K - 365	06/05/2023

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: Kevin Barnaba Kevin Barnaba, Lab Director

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:

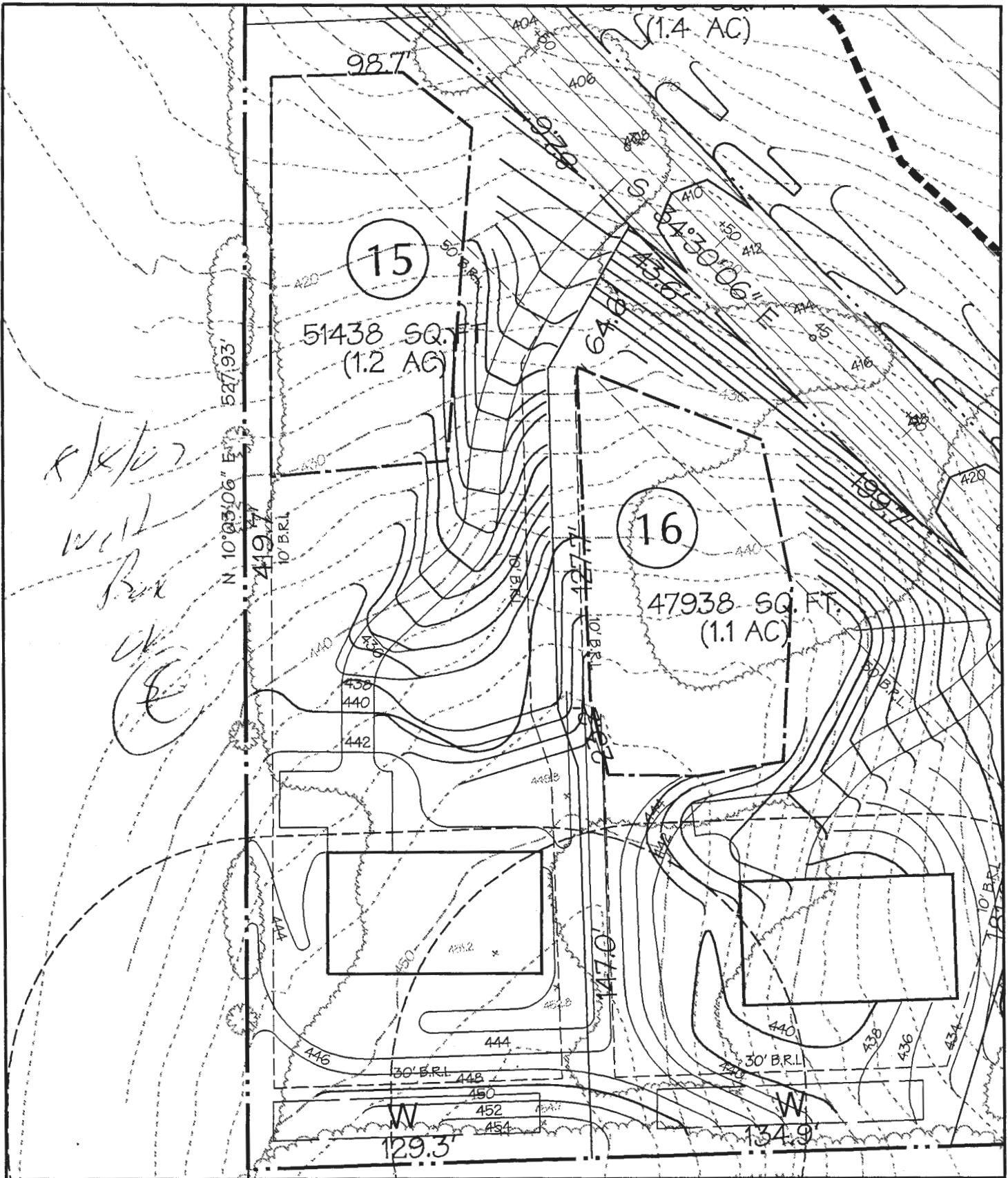
- The well site has been staked by DaFT-McCune Walker on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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



MYRTUE PROPERTY

LOT 15

DMW

Daft-McCune-Walker, Inc.

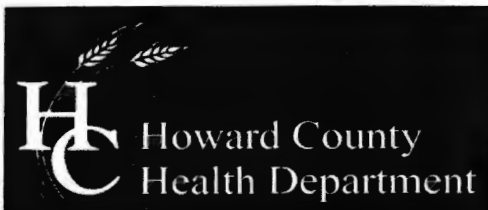
200 East Pennsylvania Avenue
 Towson, Maryland 21286
 (410) 296-3333
 Fax 296-4705

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\Lot15.DGN

Wed Apr 25 12:02:55 2007



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 9, 2007

James Keelty and Company, Inc.
61 East Padonia Road
Timonium, MD 21093

RE: Myrtue Property, Lot# 15
Well Tag: HO-95-1191

To Whom It May Concern:

A sample was collected from a yield test August 28, 2007 and submitted to GPL 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 1.4 ± 0.8 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.1 ± 1.2 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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

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

Send Report To:

Bert Nixon

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

Howard County Health Department
ureau of Environmental Health
78 Columbia Gateway Drive
Baltimore, Maryland 21046

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1191 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Myrdne Prop - Lot 15 County: Howard

Sample Source: Davis Branch Rd Location: HO-95-1191
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 8/28/07

Time Collected: _____ a.m. 1:30 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____
pH _____ Chlorine _____

Remarks: _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>708237-003</u>	<u>1.4 ± 0.8</u>	<u>9/5/07</u>
✓	Gross Beta	4100		<u>3.1 ± 1.2</u>	
	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: _____ / _____ / _____

Supervisor: _____