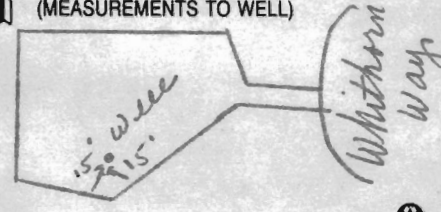


C1 6917		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																			
						COUNTY NUMBER A 520414																			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM 8 DD 14 YY 2007		Depth of Well 22 300' 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0917																			
ST/CO USE ONLY DATE Received MM DD YY 8 13						28 29 30 31 32 33 34 35 36 37																			
OWNER Winchester Homes Inc STREET OR RFD Whithorn Way first name SUBDIVISION Rivewood Phase 2 SECTION 72 TOWN Ellicott City LOT 72																									
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 12' NO. OF POUNDS 45 8 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft. (enter 0 if from surface)			C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 49 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																			
DESCRIPTION (Use additional sheets if needed) <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2"></th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Sand Stone</td><td>0</td><td>25'</td><td></td></tr><tr><td>Gray Granite</td><td>25</td><td>300</td><td></td></tr></tbody></table>				FEET		check if water bearing	FROM	TO	Sand Stone	0	25'		Gray Granite	25	300		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>ST STEEL</td><td>CO CONCRETE</td></tr><tr><td>PL PLASTIC</td><td>OT OTHER</td></tr></table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30 EACH CASING OTHER CASING (if used) diameter inch depth (feet) from to			ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER		
					FEET		check if water bearing																		
FROM	TO																								
Sand Stone	0	25'																							
Gray Granite	25	300																							
ST STEEL	CO CONCRETE																								
PL PLASTIC	OT OTHER																								
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED 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. MSD024 Joseph E. Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			C2 DEPTH (nearest ft.) 28 300 E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 A 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 C 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 R 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 N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 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			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 2 (nearest foot) - below 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) 																			

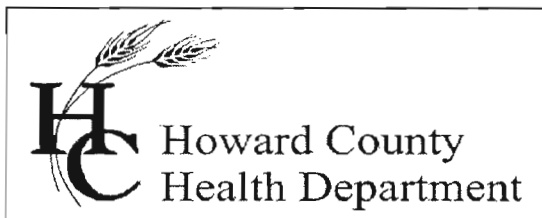
B 1	9882	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525693	STATE PERMIT NUMBER HO - 95 - 0717 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) 2/11/07</p> <p>8 MM DD YY 13</p> <p>Winchester James Inc.</p> <p>15 Last Name Owner First Name 34</p> <p>6905 Rockledge Dr. Suite 800</p> <p>36 Street or RFD 55</p> <p>Bethesda Md 20817</p> <p>57 Town 70 State 72 Zip 76</p> </div> <div style="width:50%;"> <p style="text-align: center;">OWNER INFORMATION</p> <p>Howard</p> <p>8 COUNTY 21</p> <p>Riverwood Phase 2</p> <p>23 SUBDIVISION 42</p> <p>SECTION 44 46 LOT 72 48 50</p> <p>Elliott City</p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>DRILLER INFORMATION</p> <p>Joseph L. Mayne M S D 024</p> <p>Driller's Name 76 License No. 81</p> <p>Joseph L. Mayne Well Drilling</p> <p>Firm Name</p> <p>5512 Ridge Rd Mt Airy Md 21771</p> <p>Address</p> <p>Joseph L. Mayne 1-30-07</p> <p>Signature Date</p> </div> <div style="width:50%;"> <p style="text-align: center;">LOCATION OF WELL</p> <p>Whithorn way</p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p style="text-align: center;">NORTH N W 32 E WEST 33 EAST S SOUTH</p> <p>34 280 37</p> <p>DISTANCE FROM ROAD FT</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP 29 BLK 3 PARCEL 20</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;">WELL INFORMATION</p> <p>APPROX. PUMPING RATE 5</p> <p>(GAL. PER MIN.) 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED 500</p> <p>(GAL. PER DAY) 14 20</p> </div> <div style="width:50%;"> <p style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard (13) @ 520414</p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S → 41</p> <p>DATE ISSUED 2/14/07 Kim Wall 2/14/08</p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID 515 000 EAST GRID 0826 000</p> <p>50 55 57 63</p> </div> <div style="width:50%;"> <p style="text-align: center;">SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. well</p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E 8206</p> <p>N 5105</p> <p>000 000</p> <p style="text-align: center;">8/14/07 Radium Sample Collected During Yield Test.</p> <p style="text-align: center;">BB</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p style="text-align: center;">Elliott City</p> <p style="text-align: center;">Open Run Rd</p> <p style="text-align: center;">Whithorn way</p> <p style="text-align: center;">Rockledge Rd</p> <p style="text-align: center;">Well →</p> </div> </div>				
<p style="text-align: center;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTary Drive-POINT</p> <p>other _____</p>				
<p style="text-align: center;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>				
<p style="text-align: center;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER HO 2004G007</p> <p>PERMIT No. HO - 95 - 0717</p> <p>70 71 72 73 74 75 76 77 78 79</p>				
<p style="text-align: center;">SPECIAL CONDITIONS</p> <p><small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small></p>				

Well Permit No. HO - 95-07107
Location of property (road) Whitehorn Way
Subdivision Riverside II Lot 72 Block Plat Sec.
Well Driller T. Mayne Owner

I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]



Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045 Main: 410-313-6300 |
Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – June 3, 2013

December 3, 2013

Homeowner
11233 Withorn Way
Ellicott City, Maryland, 21042

RE: Riverwood, Lot #72
11233 Withorn Way
Building Permit: B13002439
Well Permit: HO-95-0717

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 **11/12/13**. Final approval of the well line connection to the dwelling was granted on **8/27/13**. The well construction was completed on **8/14/07**. Water samples were collected on **11/7/2013**.

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 11/1/2013. Results showed a Gross Alpha level of **36.1 pCi/L** and Gross Beta level of **23.0 pCi/L**. **This exceeds the maximum contaminant level (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device (kitchen tap reverse osmosis system), post-treatment water samples were collected on **11/11/2013** and indicated a Gross Alpha level of **12.1 pCi/L**, a Gross Beta level of **14.0 pCi/L**, and a Radium 226/228 level of **4.3 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0717. 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.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland 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>

Approving Authority,



Dana Bernard, REHS/RS
Environmental Sanitarian
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 91929 Account #: 3123
Reference: Riverwood Lot 72 Company: National Water Servicing
Location: 11233 Whithorn Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 11/11/2013 1000 Site: Finished Water Test Port
Date/Time Rec'd: 11/11/2013 1210 Treatment: Softener/ Neutralizer ✓
Chlorine ppm: Free: ND Total: ND pH: 6.9 ✓
Collected By: J. Yeager 6176JY Well #: HO-95-0717

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Long Term	10.6	pCi/L	15 ✓	900.0	11/14/2013 / 0621 / MJN
Gross Beta, Long Term	12.7	pCi/L	50 ✓	900.0	11/20/2013 / 0646 / SN
Gross Alpha, Short Term	12.1	pCi/L	15 ✓	900.0	11/14/2013 / 1308 / MJN
Gross Beta, Short Term	14.0	pCi/L	50 ✓	900.0	11/14/2013 / 1308 / MJN
Radium-226	1.0	pCi/L <i>5 pCi</i>	****	903.1	11/26/2013 / 0830 / MJN
Radium-228	3.3	pCi/L	****	Ra-05	11/27/2013 / 0830 / SN

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Long Term Gross Alpha Detection Limit: 1.3 pCi/L; Long Term Gross Beta Detection Limit: 2.0 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 1.0 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Short Term Gross Alpha Detection Limit: 1.7 pCi/L; Short Term Gross Beta Detection Limit: 2.3 pCi/L
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13002439

Date Reported: 11/27/2013

REPORT OF ANALYSIS

Laboratory ID #:	91752	Account #:	3123
Reference:	Riverwood Lot 72	Company:	National Water Servicing
Location:	11233 Whithorn Way	Requested By:	Dave Rycke
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/30/2013 1333	Site:	Pressure Tank
Date/Time Rec'd:	10/30/2013 1538	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0717

Gross Alpha, Short Term	36.1	✓	pCi/L	15	900.0	11/1/2013 / 0701 / MJN
Gross Beta, Short Term	23.0	✓	pCi/L	50	900.0	11/1/2013 / 0701 / MJN

*Failed
12-3-13
DB*

NOTES

- 1 Gross Alpha Detection Limit: 1.7 pCi/L; Gross Beta Detection Limit: 2.4 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13002439

Date Reported: 11/5/2013

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 91897 Account #: 3123
Reference: Riverwood Lot 72 Company: National Water Servicing
Location: 11233 Whithorn Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 11/7/2013 0910 Site: Pressure Tank
Date/Time Rec'd: 11/7/2013 1147 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-95-0717

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/8/2013 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/8/2013 / 1030 / LLO

CEPO

Just ok
DB

12-3-13

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13002439

Date Reported: 11/8/2013

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 91751 Account #: 3123
Reference: Riverwood Lot 72 Company: National Water Servicing
Location: 11233 Whithorn Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 10/30/2013 1333 Site: Pressure Tank
Date/Time Rec'd: 10/30/2013 1538 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-0717

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	23.8	MPN/ 100 ml	<1.0	SM18 9223	10/31/2013 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/31/2013 / 1015 / LLO
Nitrate	<1.0	mg/L	10	601	10/30/2013 / 1630 / CRS
Turbidity	2.50	NTU	<10	SM18 2130B	10/30/2013 / 1640 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/30/2013 / 1640 / CRS

Test Not Good 12-3-13

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13002439

Date Reported: 10/31/2013

MD State Certification # 133

SEND REPORT TO:

Burt Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

~~Howard County Health Department~~~~Bureau of Environmental Health~~

7178 Columbia Gateway Drive

Columbia, Maryland 21046

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Ho Co Health Dept.County: HowardSample Source: Distilled H₂OLocation: Lab

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

Radon-222 Bottle A _____

Radon-222 Field Blank

Bottle A # F3KW82113

Bottle B _____

Bottle B _____

County 13Plant 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: + Federal Project: — Collector: K. WolfTelephone No.: 410-313-2645Date Collected: 8-21-13Time Collected: 10 a.m. p.m.Field pH: 7.0Field Chlorine: 0.0Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☒ No ☐Remarks: Field Blank for Gross α & β

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<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 checked="" type="checkbox"/>	Field Blank							

Date Received: _____ Received By: _____

Data Release Signature: _____ Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

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

Send Report To:

Bert Nixon

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
201 W. Preston Street, Baltimore, Maryland 21201

Lab No. Date Received

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HOKW Na 2464 Site Name: Homewood Crossing County: Howard
Lot 71

Sample Source: River Crossing Ct. Ellicott City Collector: K. Wolf
Street Town or City Name

Date Collected: 8/21/2013 Time Collected: 12 a.m. 12 p.m. Phone #: 410 313 2645

Sample Preserved By: ☐ Field ☐ ESRL ☐ Central Lab

Preservative Used: ☒ HNO₃ yes

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☒ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Test taken @ Yield Sodium count

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: _____

Date Reported: ____/____/____

Bert Nixon
Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

WATER ANALYSIS

Do not write above this line.

Bottle Number	<u>HOKWTD5CH2464</u>	Name	<u>K. Wolf</u>	County	<u>Howard</u>	County Code	<u>13</u>	
Location	<u>River Crossing Ct. HomeWood Crossing Lot (71)</u>			Data Category Code	<u>+</u>			
Collected: Date	<u>8/21/13</u>	Time	<u>12pm</u>	Collector & Phone	<u>K. Wolf 410 313 2645</u>	Submitter Code	<u>+</u>	
CHECK (one per box)								
Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	
Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input checked="" type="checkbox"/>	
Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>	
							Federal Project	<input type="checkbox"/>

FIELD	Plant No.	<div><div></div><div></div><div></div></div>	Sampling Station	<div><div></div><div></div><div></div></div>	Preservation: Iced	<input checked="" type="checkbox"/> Acid	Type of Acid	<input checked="" type="checkbox"/> none
	pH	<div><div></div><div>7</div><div>0</div></div>	Chlorine: Free	<div><div></div><div>0</div></div>	Total	<div><div></div><div>0</div><div>0</div></div>	Specific Conductance	<div><div></div><div></div><div></div><div></div></div>
	Notes to Lab/Remarks: <u>Total Dissolved Solids (amt w/ chlorides)</u>							

[illegible]

Reported

ORIGINAL LABORATORY

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Homewood Crossing Lot (71)County: HowardSample Source: River Crossing Ct. - wellLocation: HO-95-2464

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

Radon-222 Bottle A HOKW 2464

Radon-222 Field Blank

Bottle A FBKW 82119

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: —Federal Project: —Collector: K. VolfTelephone No.: 410 313 2645Date Collected: 8-21-13Time Collected: _____ a.m. 12 p.m.Field pH: 2.0Field Chlorine: 00Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☒ No ☐Remarks: primary pH < 2.0

<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						
<input checked="" type="checkbox"/>	Gross Beta	4100						
<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: _____

Received By: _____

Data Release Signature: _____

Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH < 2.0?			
Received within holding time?			

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

Adequate grout observed below pitless adapter

Martin, Sharhonda

From: Pickett, Tom
Sent: Tuesday, November 12, 2013 10:16 AM
To: Day, Lori; Martin, Sharhonda; Hart, Amy; Tudor, Matt; Vanderveer, Shaun; Baker, Brian; Wolf, Kevin; Pickett, Tom
Subject: U & O Release 11233 Whithorn way Riverwood

Today, Shaun Vanderveer observed the start-up of a Sewage Grinder Pump at the Riverwood Shared Septic System:

Riverwood , Contract 50-4287-D
Winchester Homes Builder
Lot-72-11233 Whithorn Way
Clarksville, MD 21029

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U & O.

This will be the 17th lot on the shared septic system at this location. This is the last house for this development.

Matt
410-313-4934 office
410-978-1320 mobile

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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Riverwood Lot #: 72 Well Tag #: HO - 95-0717
Site Address: 11233 Whithorn Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

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

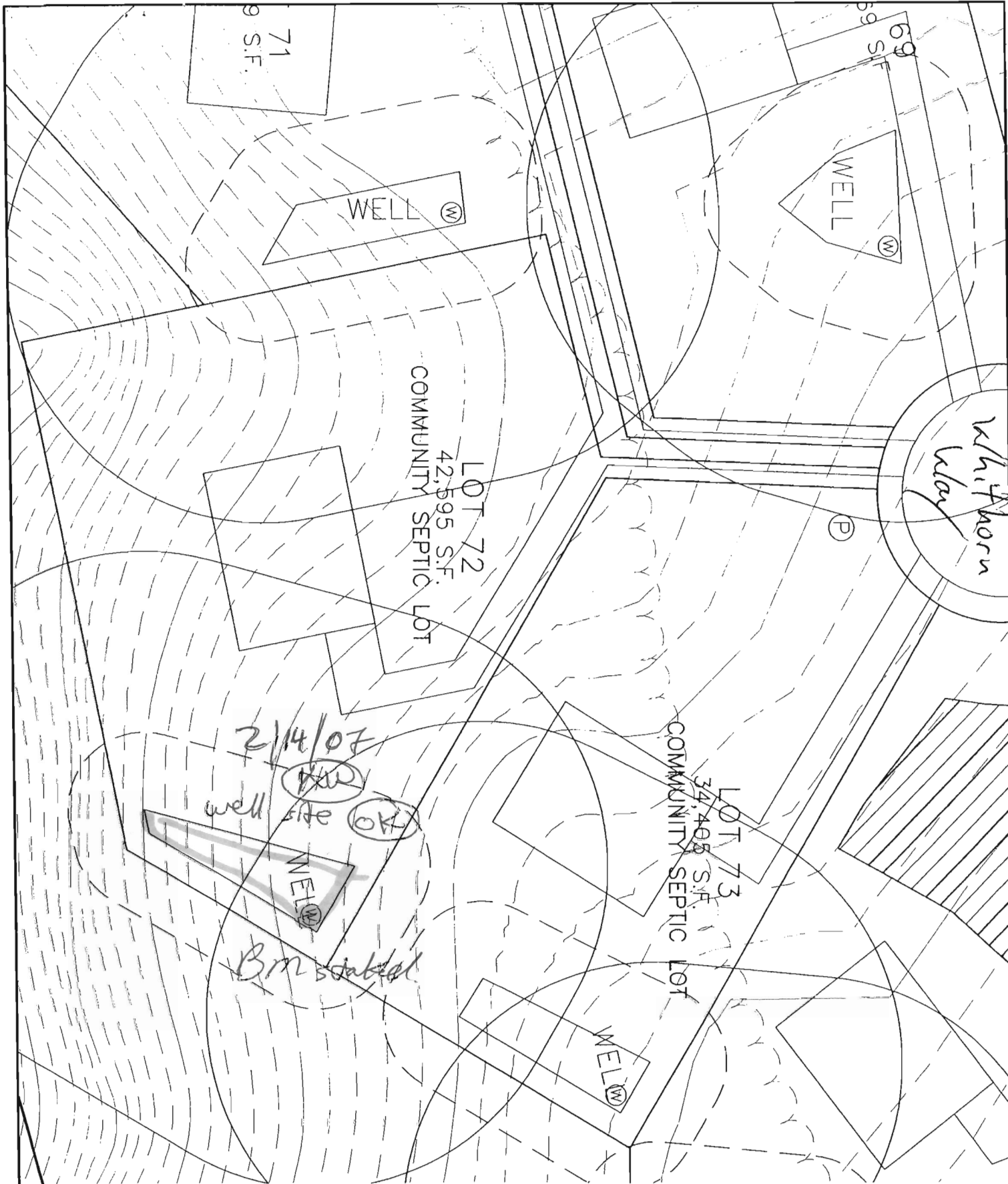
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

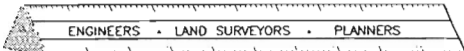
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8-22-13 Date Insp. Approved: 8-22-13 Inspector: KW
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

* File Not
found.
8/22/13
(KW)



BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6105

FAX: 410-465-6644

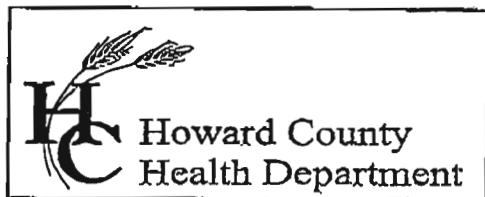
P:\1132 Homewood\DWG\102519.dwg, Lot, 1/25/2007 8:20:39 AM, tmc, Kyocera Mita KM-2530 KX.pc3

RIVERWOOD, PHASE 2

LOT 72

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 1/24/07



7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
Subdivision/Property Name Lot# Road Name
Open Run Road & Whitford Way

- ☒ The well site has been staked by Benchmark Eng,
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

All lots will be staked by 12/29/06

- ☐ 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.

Revised 3/11/05

Contact is:

Easterday's

301-829-1440

2006 DE 18 PM 2:32