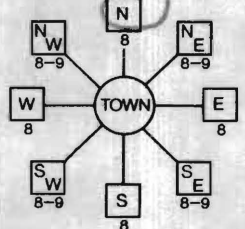
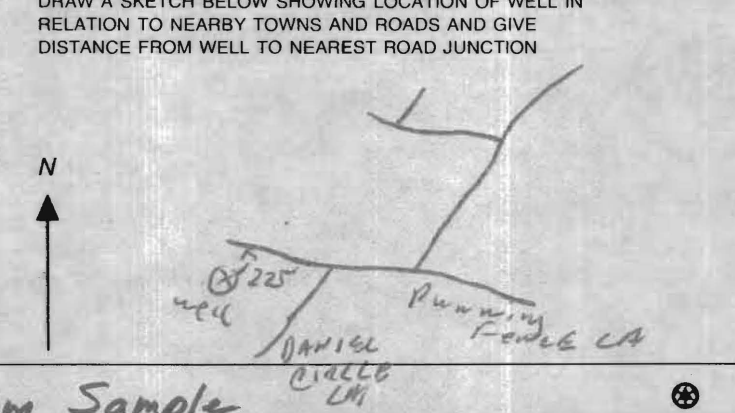


<b>C1</b> 8762	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <b>(13) A517422</b>
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 04 10 07	Depth of Well 22 200 26 7/19/07 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 95 - 0588

OWNER <b>DeFrancis</b>	first name	TOWN <b>Clarksville</b>
STREET OR RFD <b>Running Fence Lane</b>		
SUBDIVISION <b>Walnut Grove</b>	SECTION	LOT <b>35</b>

<b>WELL LOG</b> Not required for driven wells			<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <b>45 46 26</b> NO. OF POUNDS <b>45 46 2000</b> GALLONS OF WATER <b>15 6</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>48</b> TOP <b>52</b> ft. to <b>54</b> BOTTOM <b>58</b> ft. (enter 0 if from surface)			<b>C3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> PUMPING RATE (gal. per min.) <b>15</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>13</b> ft. WHEN PUMPING <b>31</b> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	FEET FROM TO		check if water bearing		<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE <b>PL</b> Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>36</b> OTHER CASING (if used) diameter inch depth (feet) from to			
DESCRIPTION (Use additional sheets if needed)					<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER			
Top Soil	0	1			<b>C2</b> DEPTH (nearest ft.) <b>34</b> <b>200</b> E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
Sandy Silty	1	15						
Sand Stone	15	25						
MICKA	25	110						
Sand Stone	110	115						
MICKA	115	160			<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 			
Sand Stone	160	165						
MICKA	165	200						

NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>	WELL HYDROFRACTURED <b>Y</b> <b>N</b>	CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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. <b>M D 112</b> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>D</b>	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
--	---------------------------------------	---	---	--	---

B 1 1 2 3 6 <b>0511</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 525642 please type	STATE PERMIT NUMBER <b>H0-95-0588</b> 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 Land Marketing Consultants 15 Last Name Owner First Name 34 3060 Rt. 94 36 Street or RFD 55 Glenwood MO. 21738 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Walnut Grove 42 SECTION 44 46 LOT 35 48 50 52 NEAREST TOWN CLARKSVILLE 71 MILES FROM TOWN (enter 0 if in town) 2 M 1 73 76 77 78	
OWNER INFORMATION Driller's Name 76 License No. 81 RALPH E. MAYNE M S D 112 Firm Name RALPH E. MAYNE INC Address 17024 Hardy Rd Mt Airy MD 21774 Signature Date R.E. Mayne 11-11-06		DRILLER INFORMATION B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Running Fence LA. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 235 34 37 DISTANCE FROM ROAD 14 ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 18 PARCEL 74	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 A517422 STATE SIGNATURE INSERT S 41 DATE ISSUED 12/4/2006 Brian Baber 12/4/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 507 000 EAST GRID 815 000 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X' SOURCES OF DRILLING WATER 1. well 2. 3. 12219-211 WRITE THE BOX NUMBER FROM THE MAP HERE E 815 N 5077 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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 H02005G-006 PERMIT No. H0-95-0588 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Need Radium Sample			

Well Permit No. HO - 95-0588  
Location of property (road) Running Fence Lane  
Subdivision Walnut Grove Lot 35 Block      Plat      Sec.       
Well Driller Ralph Mayne Owner De Francis

I. High rate pumping -- reservoir drawdown

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

HD-224

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: Dart Plumbing & Heating LLC Telephone #: 240-882-0069  
Address: 4955 G.W. Mill Rd.  
Pittsford City, MD 21092

(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 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: T.B.I. Telephone #: 410 480 0023  
Subdivision: Walnut Grove Lot #: 35 Well Tag #: HO - 95 - 0584  
Site Address: 12299 Running Fence Ln.  
Clarksville, MD 21029

Submersible Pump Data

Make: MVECS  
Model #: 25752-12 (1/2" P.V.)  
Pump Capacity 12 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: American Gandy  
Model #: TF 400  
Depth: yes (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 240 (feet)

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 no

Piping to house

Type: Plastic - one inch  
PSI: yes (160 psi min)  
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 10 ft  
Sleeve caulked and 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

date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
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 \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: Walnut Grove Lot #: 35 Well Tag #: HO - 95 - 9588

Site Address: 12299 Rounding Farm Ln.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 or Cable guards are required – Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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 \_\_\_\_\_ date \_\_\_\_\_

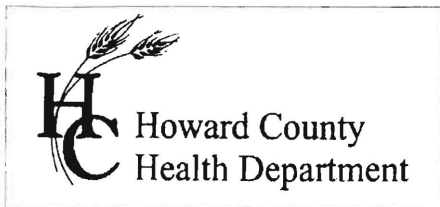
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 6/8/11 Date Insp. Approved: \_\_\_\_\_

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 ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate grout observed below pitless adapter ☒

*Needs to be sealed 10' from sewer line*

SCALE: 1"=50'	ZONING: RC/RR-DEO	TAX MAP/GRID: 28-18/17	GLW JOB NO: 00153	OCT., 2006	1 OF 1
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7178 Columbia Gateway Dr., Columbia, MD 21046  
(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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Penny E. Borenstein, M.D., M.P.H., Health Officer

## TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

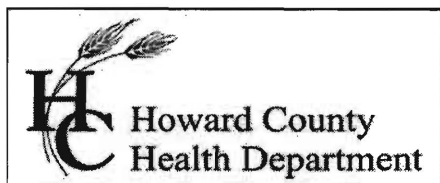
Well Site Location:

<i>Walnut Grove</i>	<i>35</i>	<i>Running Fence Lane</i>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

- ☒ Staking to take place after initial review (as discussed with Bob Weber).
- ☐ The well site has been staked by \_\_\_\_\_ ,  
(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.

Revised 3/11/05



Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 4, 2012**

October 4, 2011

Homeowner  
12249 Running Fence Lane  
Clarksville, MD 21029

**RE: Walnut Grove, Lot 35  
12249 Running Fence Lane  
Building Permit: B11000143  
Well Permit: HO-95-0588**

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 **10/4/2011**. Final approval of the well line connection to the dwelling was granted on **10/4/2011**. The well construction was completed on **1/10/2007**. Water samples were collected on **9/26/2011**.

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 **1/10/2007**. Results showed a Gross Alpha level of  **$1.4 \pm 1.1$  pCi/L** and **Gross Beta** level of  **$1.4 \pm 0.7$  pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. 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-95-0588. 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 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,



Jeff Williams  
Program Supervisor  
Well & Septic Program

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

**TRACE LABORATORIES, INC**

5 North Park Drive  
Hunt Valley, MD 21030 USA  
Telephone: 410/584-9099 / Fax: 410/584-9117  
Website: [www.tracelabs.com](http://www.tracelabs.com) / Email: [info@tracelabs.com](mailto:info@tracelabs.com)

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS****Requester:**

Trinity Homes/TBI Homes  
3675 Park Avenue Suite 301  
Ellicott City, MD 21043

**S/O Number:** 82773**Report Date:** September 27, 2011

**Property Sampled:** 12249 Running Fence Lane, 21029  
**Sample Location:** Outside Tap by Garage  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B11000143  
**Sampler ID #:** 9170DH  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 28

**Subdivision:** Walnut Grove  
**Parcel:** 74

**Lot #:** 35

**Date/Time Collected in Field:** September 26, 2011 @ 1:10 pm

**Date/Time Received in Lab:** September 26, 2011 @ 2:50 pm

**Well Tag #:** HO-95-0588

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	9.2 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.5 Units	***
Sand		Absent	Absent	Pass

*Katherine C. Higgs*

Katherine C. Higgs  
Manager -- Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Howard County  
Health Department

Bureau of Environmental Health  
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website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 5, 2007

Walnut Grove, LLC  
10705 Charter Dr.  
Suite 320  
Columbia, Maryland 21044

RE: Walnut Grove, Lot #35  
Well Tag: HO-95-0588

To Whom It May Concern:

A sample was collected from a yield test on January 10, 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  $1.4 \pm 0.7$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $4.1 \pm 1.1$  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 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, Deputy Director  
Bureau of Environmental Health

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

Send Report To:

Post 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*

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: KW35 WG0588 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Waldorf Grove Lot 35 County: Howard

Sample Source: Running Fence Ln Location: HQ-95-0588  
(well no., lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 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: 410-713-2645

Date Collected: 1/10/07

Time Collected: 10:30 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

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

Remarks: Sample taken @ yield test pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>701047-006</u>	<u>14 ± 0.7</u>	<u>1/17/07</u>
✓	Gross Beta	4100		<u>41 ± 1.1</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: \_\_\_\_\_