

<b>C1</b> 16622 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	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.  COUNTY NUMBER																																																																																																																																																						
<b>ST/CO USE ONLY</b> DATE Received MM <u>06</u> DD <u>05</u> YY <u>12</u>	<b>DATE WELL COMPLETED</b> MM <u>05</u> DD <u>12</u> YY <u>12</u>	Depth of Well 22 <u>200</u> 26 <small>(TO NEAREST FOOT)</small>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-95-2273</u>																																																																																																																																																						
OWNER <u>Group Williamsburg</u> WELL SITE ADDRESS <u>11986 Hall Shop Rd.</u> TOWN <u>CLARKSVILLE</u> SUBDIVISION <u>BLEVINS</u> SECTION <u>PRO</u> LOT <u>1</u>																																																																																																																																																									
<b>WELL LOG</b> Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>30</u> NO. OF POUNDS <u>4700</u> GALLONS OF WATER <u>300</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>115</u> BOTTOM 58 ft. <small>(enter 0 if from surface)</small>																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</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>red Loamy</td> <td>0</td> <td>25</td> <td></td> </tr> <tr> <td>Brown mica</td> <td>25</td> <td>115</td> <td></td> </tr> <tr> <td>GNCISS</td> <td>115</td> <td>140</td> <td></td> </tr> <tr> <td>Quartzite</td> <td>140</td> <td>142</td> <td></td> </tr> <tr> <td>GNCISS</td> <td>142</td> <td>200</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	red Loamy	0	25		Brown mica	25	115		GNCISS	115	140		Quartzite	140	142		GNCISS	142	200		<b>CASING RECORD</b> casing types insert appropriate code below <table style="display: inline-table; vertical-align: top;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>119</u> 60 61 63 64 66 67 70		<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																																																																																																								
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WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		<b>SCREEN RECORD</b> screen type or open hole <input checked="" type="checkbox"/> insert appropriate code below <table style="display: inline-table; vertical-align: top;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> BR BRASS</td> <td><input type="checkbox"/> HO OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> PL BRONZE</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table>		<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> PL BRONZE	<input type="checkbox"/> OT OTHER																																																																																																																																																
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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		<b>C2</b> DEPTH (nearest ft.) <table style="width:100%;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td><td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td> </tr> <tr> <td colspan="10"></td><td colspan="10"><u>H0</u></td><td colspan="10"><u>119</u></td><td colspan="10"><u>200</u></td><td colspan="10"></td> </tr> </table>		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											<u>H0</u>										<u>119</u>										<u>200</u>																			
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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.		SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____																																																																																																																																																							
DRILLERS LIC. NO. <u>M SD 009</u> DRILLERS SIGNATURE <u>Allen Cooper</u> (MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>140</u> <u>200</u> MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____  TELESCOPE CASING LOG INDICATOR OTHER DATA																																																																																																																																																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LATITUDE <u>39.11.873</u> LONGITUDE <u>76.554499</u> (DEFAULT COORD. WGS 84) NOTES:																																																																																																																																																							

<b>B 1</b> 1 2 3 6 <u>0642</u>	SEQUENCE NO. (MDE USE ONLY) <u>536792</u>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>40-95-2273</u> fill in this form completely
Date Received (APA) <u>040512</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 Last Name <u>Williamsburg</u> Owner <u>Homes</u> First Name <u>Homes</u> 34 36 <u>5485</u> <u>Harpers Farm rd.</u> 55 Street or RFD 57 <u>Columbia</u> <u>MD</u> 70 <u>21044</u> 72 Zip 76		<b>B 3</b> LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>BLEVINS Pro.</u> 42 SECTION <u>44</u> 46 LOT <u>1</u> 48 50 52 NEAREST TOWN <u>Clarksville</u> 71	
<b>DRILLER INFORMATION</b> Driller's Name <u>Allen Compton</u> 76 License No. <u>M 5 D 009</u> 81 Firm Name <u>Fogles Well Drilling</u> Address <u>580 Obrecht rd. Sykesville</u> Signature <u>Allen Compton</u> 43-12 Date		<b>B 4</b> SOURCES OF DRILLING WATER 1. <u>Hall shop rd.</u> 11 STREET ADDRESS 30 2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 3. <div style="text-align: center;">           NORTH            N            WEST S EAST            SOUTH         </div> 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>35</u> BLK: <u>19</u> PARCEL <u>30</u>	
<b>B 2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-POINT other		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A 536034</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>4/12/12</u> <u>4/12/13</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE	
<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40-95-2273</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> <u>Need radium sample</u> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. **RR**

## 1. Article Addressed to:

Allen Compton  
C/O Fogles Well Drilling  
PO Box 202  
Woodbine, MD 21797

## 2. Article Number

(Transfer from service label)

7003 1010 0001 7268 2165

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**\* Brett Fogle**☒ Agent☐ Addressee

## B. Received by (Printed Name)

**X Brett Fogle**

## C. Date of Delivery

**7-8-13**D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

5972 8922 1000 0101 E002

**(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

\$

### Certified Fee

Return Receipt Fee  
(Endorsement Required)

**Restricted Delivery Fee  
(Endorsement Required)**

**Total Postage & Fees**

\$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

Allen Compton Clo Fingles Well Drilling

PO Box 202

Woodbine, MD. 21797

<b>B 1</b> 1 2 3 4 5 6 <u>0998</u>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>544579</u> please type	STATE PERMIT NUMBER 70 _____ 79 fill in this form completely
Date Received (APA) <u>03 21 13</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> <u>Williamsburg Homes</u> 15 Last Name Owner First Name 34 <u>5485 Harpers Farm Rd</u> 36 Street or RFD 55 <u>Columbia, Md 21044</u> 57 Town 70 State 72 Zip 76		<b>B 3</b> LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Blevins Pro.</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>1</u> 48 50 <u>Clarksville</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>Allen Compton</u> M S D 009 Driller's Name 76 License No. 81 <u>Eagles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine Md 21797</u> Address <u>Allen Compton 3-11-13</u> Signature Date		<b>B 4</b> SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ <u>Hall Shop Rd</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>54</u> 38 39 TAX MAP: <u>35</u> BLK: <u>19</u> PARCEL <u>310</u>	
<b>B 2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED _____ 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____	
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<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

## Yield Test Data Sheet

County File # \_\_\_\_\_

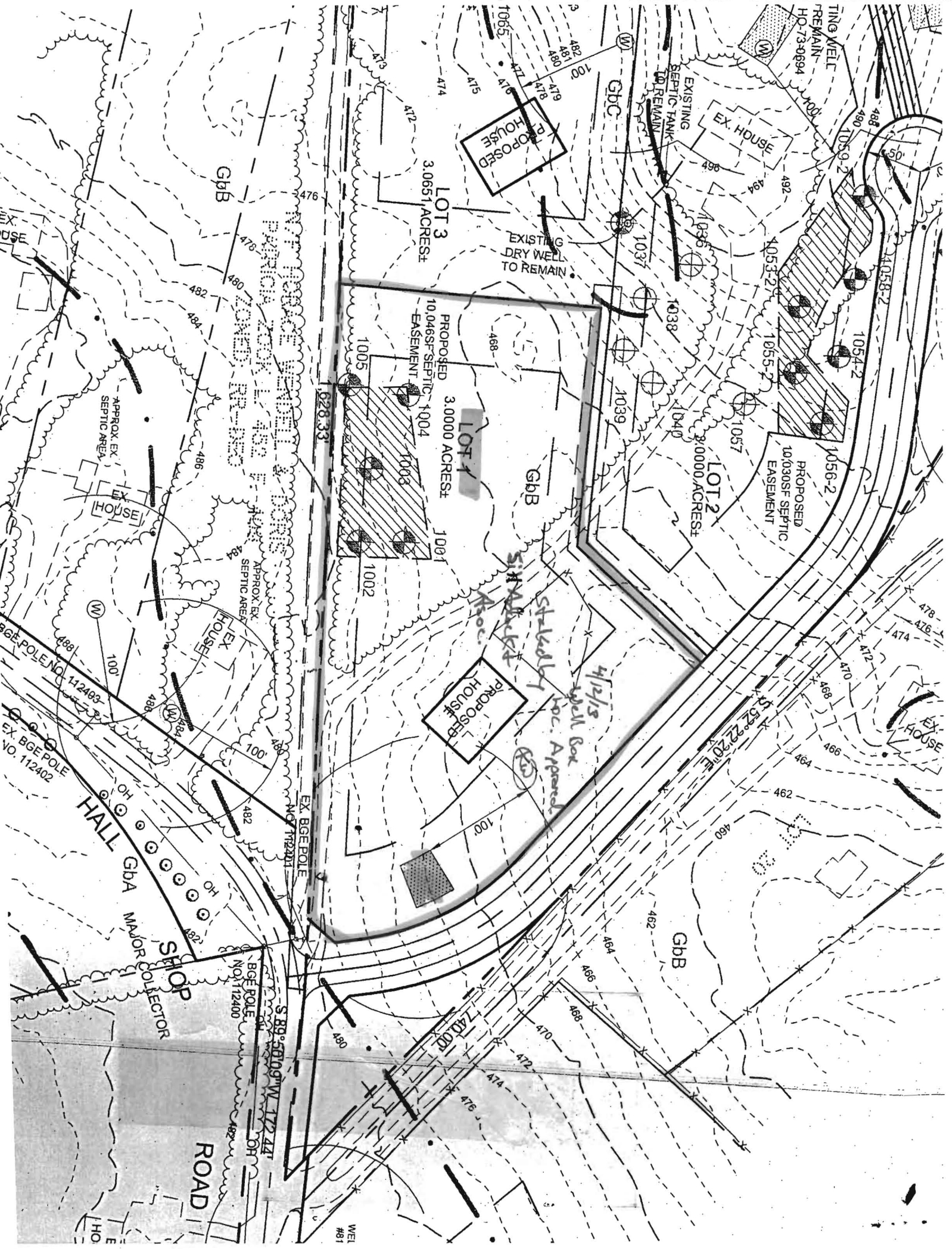
MD Well Permit #: H0-95-2273Subdivision Name: BLEVINS PRO.Section \_\_\_\_\_ Lot # 1Street Address: 11986 Hall Shop rd.Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")Distance from MP to ground surface 2 ft.Well Depth 200' ft.Well Driller: Fogles

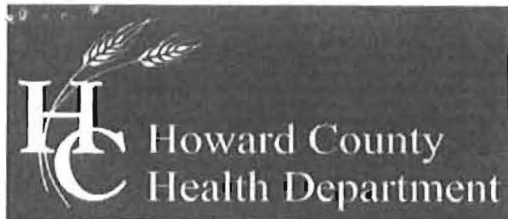
Must be submitted with the State of Maryland Well Completion Report

Submit to: \_\_\_\_\_

## NOTES:

Pump Start Time	Static Water level:	Pumping Rate ( ) Time to fill 1 gal. bucket ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)
<u>10:00</u>	<u>71</u> ft.		<u>15</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	<u>10:00</u>	<u>71</u> ft.	<u>4</u> <u>15</u> GPM
2	<u>10:15</u>	<u>78</u> ft.	<u>4</u> <u>15</u> GPM
3	<u>10:30</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
4	<u>10:45</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
5	<u>11:00</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
6	<u>11:15</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
7	<u>11:30</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
8	<u>11:45</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
9	<u>12:00</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
10	<u>12:15</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
11	<u>12:30</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
12	<u>12:45</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
13	<u>1:00</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
14	<u>1:15</u>	<u>81</u> ft.	<u>4</u> <u>15</u> GPM
15	<u>1:30</u>	<u>81</u> ft.	<u>4</u> <u>15</u> 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





## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

Certified Mail # 70031010000172682165

July 1, 2013

Allen Compton  
C/O Fogles Well Drilling  
PO Box 202  
Woodbine, MD 21797

***RE: Notice of Violation – 11986 Hall Shop Rd. - Blevins Property Lot 1***

Mr. Compton,

On March 21, 2013 the Health Department received a well permit application to retroactively permit a drilled well on the above listed property. The Health Department file for the property indicates that this unpermitted well has been drilled but not grouted since May 2012. After numerous attempts to contact your office to get clarification on the nature of this existing well and multiple site visits to determine its condition, it has been decided that this particular unpermitted well must be abandoned.

According to COMAR 26.04.04.07 (G)(a); all wells, except test wells, shall be grouted as soon as possible but not later than 24 hours after the well casing has been set in place and all drilling has been completed. The Health Department has no reliable proof that this particular well was cased and grouted according to COMAR regulations. Therefore, within 14 days of the receipt of this letter you are required to properly abandon and seal the unpermitted well on this lot according to the regulation set forth in COMAR 26.04.04.11. Please provide my office with an Abandoned Well Report not later than 30 days after the abandonment of this well has been completed.

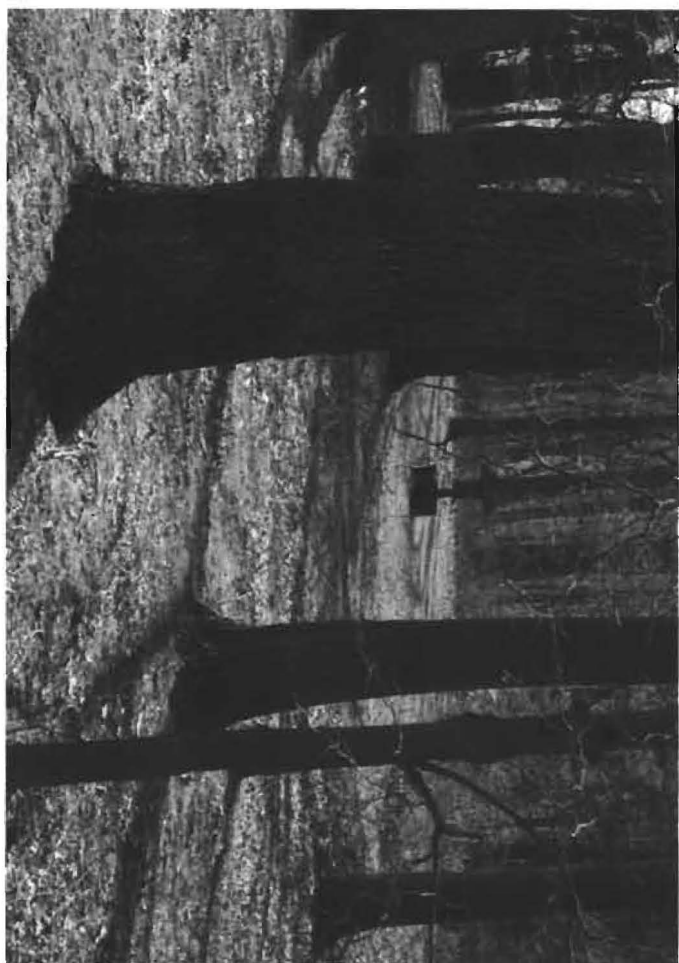
I appreciate your cooperation in this matter and if you have any questions or concerns please do not hesitate to contact me at (410) 313-1781 or [RRappaport@howardcountymd.gov](mailto:RRappaport@howardcountymd.gov).

Sincerely,

Ryan Rappaport, REHS  
Bureau of Environmental Health  
Well & Septic Program

Cc: File  
John Boris







Bureau of Environmental Health  
7175 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2548  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, 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:

Blevins 1-3-5-67  
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Bill Adcock & Assoc.  
(professional land surveyor or company employing professional land surveyors)  
on 4-4-12 (date) and does not require a site inspection.

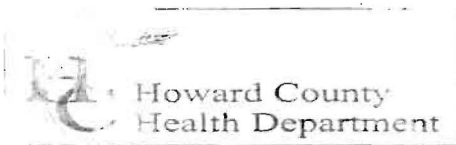
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

ORIG MAILED 5/22

Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: MAY 22, 2012  
DATE OF SERVICE: MAY 8, 2012  
INVOICE #: 2012-008

7178 Columbia Gateway Drive,  
Columbia, MD 21046-2147  
Phone 410-313-2640 Fax 410-313-2648  
www.hchealth.org

BILL TO Williamsburg Homes  
ATTN: Bob Corbett  
5485 Harpers Farm Road Suite 200  
Columbia, Maryland 21044

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
05/8/2012	Gross alpha/beta testing performed for Blevin's Property, Lot 1 HO-95-2273		\$45.00
			AMOUNT DUE
			\$45.00

Please detach and return with payment to Howard County Health Department.

REMITTANCE	
Invoice #	2012-008
Site Information	Blevin's Property, Lot 1
Amount Due	\$45.00
Amount Enclosed	

Make all checks payable to: **The Director of Finance**

8/19/13 - f/v - evidence that the unpermitted well has been sealed & abandoned — casing still sticking up out of the ground though. (PR)

RESULTS OF REVIEW FOR FILE

DATE

FILE NOTES

Howard County Health Dept. – photos taken by R.Rappaport

Hall Shop Rd. Blevins Property – Lot 1 – evidence that the unpermitted well has been ~~well~~ sealed and abandoned.



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: Fogle's Well Drilling LLC Telephone #: 410-795-5070  
Address: JPO Box 202  
Woodbine, MD 21797

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

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

Name (Print): David C Fogle License #: MSD226

\*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: Williamsburg Homes Telephone #: \_\_\_\_\_  
Subdivision: Estates at Clarksville Lot #: 1 Well Tag #: HO-95-2273  
Site Address: 1105 Blewys Dr  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550207-160</u>	Model #: <u>WIA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</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>200</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 17.2.4		
Torque arrestors, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>75</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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

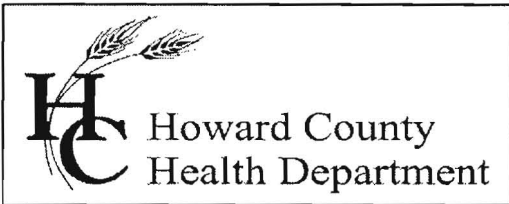
Signature of company representative responsible for installation

date

3-4-16

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

Date Insp. Requested: <u>3/4/16</u>	Date Insp. Approved: <u>3/4/16</u>	Inspector: <u>BB</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade <u>✓</u>		
Two piece cap installed and attached to casing securely <u>✓</u>		
Elec. conduit extends at least 18" below grade/attached to cap properly <u>✓</u>		
Safety rope not outside of well cap/casing <u>✓</u>		
Correct well tag attached properly and casing 8" above finished grade <u>✓</u>		
Water supply line sleeved adequately at house connection <u>✓</u>		
Adequate grout observed below pitless adapter <u>✓</u>		



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 18, 2016**

May 18, 2016

Homeowner  
11005 Blevins Drive  
Clarksville, MD 21029

**RE: Blevins Property, Lot 1  
11005 Blevins Drive  
Building Permit: B15003929  
Well Permit: HO-95-2273**

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 **5/12/2016**. Final approval of the well line connection to the dwelling was granted on **3/4/2016**. The well construction was completed on **5/3/2012**. Water samples were collected on **4/7/2016 & 4/21/2016**.

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 **5/8/2012**. Results showed a Radium 226 of **10.6 ± 2.9 pCi/L** and Radium 228 of **11.6 ± 2.4 pCi/L**. Radium 226 and Radium 228 results have a combined reference level of 5 pCi/L respectively which is below the targeted level. At the time of testing and with respect to these parameters, the well water is safe for all uses.

Volatile organic compound (VOC) sample was collected on **5/8/2012** respectively. This testing was performed to establish a baseline evaluation of the well water supply in the area due to known VOC ground water contamination concerns. Results from this sampling did not show any presence of VOC contamination. With respect to the parameters and guidelines of the EPA National Primary Drinking Water Regulations, the future well water supply is currently 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-95-2273. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

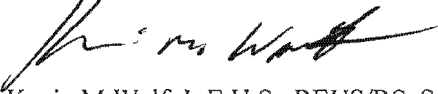
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test as well as a post-treated iron test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,



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

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

**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 #:	106601	Account #:	4470
Reference:	Estates at Clarksville Lot 1	Company:	Williamsburg Homes LLC
Location:	11005 Blevins Drive	Requested By:	Bob Corbett
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	4/7/2016 1010	Site:	Pressure Tank
Date/Time Rec'd:	4/7/2016 1425	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.0
Collected By:	T. Frazier 3126TF	Well #:	HO-95-2273

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/8/2016 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/8/2016 / 0900 / CCH
Nitrate	<1.0	mg/L	10	601	4/8/2016 / 0900 / CRS
Turbidity	30.5	NTU	<10	SM18 2130B	4/8/2016 / 0915 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/8/2016 / 0915 / CRS

**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 # :** 15003929Date Reported: 4/8/2016

**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 #:	106863	Account #:	4470
Reference:	Estates at Clarksville Lot 1	Company:	Williamsburg Homes LLC
Location:	11005 Blevins Drive	Requested By:	Bob Corbett
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	4/21/2016 1355	Site:	Pressure Tank
Date/Time Rec'd:	4/21/2016 1525	Treatment:	Prior to Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	7.1
Collected By:	T. Frazier 3126TF	Well #:	HO-95-2273

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	5.48	NTU	<10	SM18 2130B	4/22/2016 / 0915 / CRS
Iron	0.45	mg/L	0.3*	FR, 45 (126)	4/22/2016 / 1205 / CRS

**NOTES**

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 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 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** 15003929

Date Reported: 4/22/2016

# 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 #:	106864	Account #:	4470
Reference:	Estates at Clarksville Lot 1	Company:	Williamsburg Homes LLC
Location:	11005 Blevins Drive	Requested By:	Bob Corbett
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	4/21/2016 1410	Site:	R/O Tap
Date/Time Rec'd:	4/21/2016 1525	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	8.9
Collected By:	T. Frazier 3126TF	Well #:	HO-95-2273

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.95	NTU	<10	SM18 2130B	4/22/2016 / 0915 / CRS

### NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 # : 15003929

Date Reported: 4/22/2016

Lot 1

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. • Westminster, MD 21158 • MD State Certification #133

(410) 848-1014 • (410) 876-4554 • FAX (410) 848-0298

**VOLATILE ORGANIC WATER ANALYSIS REPORT**

**LAB ID # 84284**

Location:	Williamsburg Group LLC 11986 Hall Shop Road Clarksville, MD 21029	Work Order #	46310
Date & Time Collected:	05/08/12 1035	Requested by	Bob Corbett
Collected by:	J. Yeager 6176JY	Source:	Well, HO-95-2273
		Site:	Pump House
		Treatment:	None

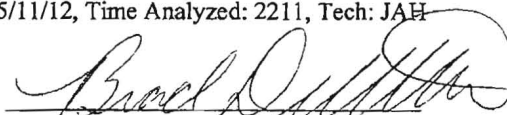
CONTAMINANT	EPA CONT ID	MCL (PPB)	ACTUAL LEVEL	CONTAMINANT	EPA CONT ID	ACTUAL LEVEL
<b>REGULATED</b>				<b>UNREGULATED</b>		
Benzene	2990	5	ND	Bromobenzene	2993	ND
Carbon Tetrachloride	2982	5	ND	Bromochloromethane	2430	ND
o-Dichlorobenzene	2968	600	ND	Bromomethane	2214	ND
p-Dichlorobenzene	2969	75	ND	n-Butylbenzene	2422	ND
1,2-Dichloroethane	2980	5	ND	Sec-butylbenzene	2428	ND
1,1-Dichloroethene	2977	7	ND	Tert-butylbenzene	2426	ND
cis-1,2-Dichloroethene	2380	70	ND	Chloroethane	2216	ND
trans-1,2-Dichloroethene	2979	100	ND	o-Chlorotoluene	2965	ND
Dichloromethane	2964	5	ND	p-Chlorotoluene	2966	ND
1,2-Dichloropropane	2983	5	ND	m-Dichlorobenzene	2967	ND
Ethylbenzene	2992	700	ND	1,1-Dichloroethane	2978	ND
Monochlorobenzene	2989	100	ND	1,3-Dichloropropane	2412	ND
Styrene	2996	100	ND	2,2-Dichloropropane	2416	ND
Tetrachloroethene (PCE)	2987	5	ND	1,1-Dichloropropene	2410	ND
<b>Toluene</b>	<b>2991</b>	<b>1000</b>	<b>1.0</b>	cis-1,3-Dichloropropene	2413	ND
1,2,4-Trichlorobenzene	2378	70	ND	trans-1,3-Dichloropropene	2413	ND
1,1,1-Trichloroethane	2981	200	ND	Dichlorodifluoromethane	2212	ND
1,1,2-Trichloroethane	2985	5	ND	Hexachlorobutadiene	2246	ND
Trichloroethene (TCE)	2984	5	ND	Isopropylbenzene	2994	ND
Vinyl Chloride	2976	2	ND	p-Isopropyltoluene	2030	ND
Xylenes (Total)	2955	10000	ND	MTBE	2251	ND
<b>TRihalOMETHANES</b>				Naphthalene	2248	ND
Bromodichloromethane	2943		ND	n-Propylbenzene	2998	ND
Bromoform	2942		ND	1,1,1,2-Tetrachloroethane	2986	ND
Chloroform	2941		ND	1,1,2,2-Tetrachloroethane	2988	ND
Dibromochloromethane	2944		ND	1,2,3-Trichlorobenzene	2420	ND
<b>ADDITIONAL COMPOUNDS</b>				Trichlorofluoromethane	2218	ND
TAME			ND	1,2,3-Trichloropropane	2414	ND
Chloromethane			ND	1,2,4-Trimethylbenzene	2418	ND
				1,3,5-Trimethylbenzene	2424	ND
				m, p-xylene	2995	ND
				o-xylene	2997	ND

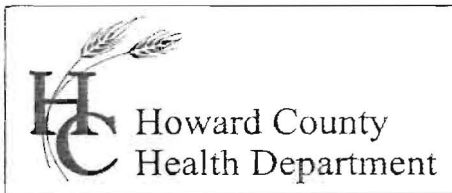
**NOTES:**

- 1) MCL: Maximum Contaminant Level
- 2) Detection limit: 0.50 PPB (except for Xylenes, meta/para:1.0 PPB; and Xylenes total:1.5 PPB)
- 3) ND: None Detected
- 4) PPB: Parts Per Billion (micrograms per liter)
- 5) Sub-contracted to Lab #128, method EPA 524.2, Date Analyzed: 05/11/12, Time Analyzed: 2211, Tech: JAH

Date Reported: 05/15/12

Reviewed by:





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

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

June 13, 2012

Williamsburg Homes  
Attn. Bob Corbett  
5485 Harpers Farm Road, Suite 200  
Columbia, Maryland 21044

RE: Blevin's Property Lot 1  
Hall Shop Road  
Well Tag: HO - 95 - 2273

Dear Mr. Corbett:

A sample was collected during a yield test on May 8, 2012 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. 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  $10.6 \pm 2.9$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $11.6 \pm 2.4$  pCi/L. The **Gross Alpha** result (though approaching the Margin of Error) was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted 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 meets EPA regulatory standards. Additional testing for these parameters will **not** be necessary to help secure Use & Occupancy, **but** could be worth wild shortly after occupancy occurs. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required 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: Barry Glotfelty, MDE Water Mgmt.  
Well & Septic property 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 #:	84285	Account #:	4470
Reference:	Williamsburg Group LLC	Company:	Williamsburg Group LLC
Location:	11986 Hall Shop Road	Requested By:	Bob Corbett
	Clarksville, MD 21029	Source:	Test Well Water Lot 1
Date/ Time Collected:	5/8/2012 1035	Site:	Pump Hose
Date/Time Rec'd:	5/8/2012 1222	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.6
Collected By:	J. Yeager 6176JY	Well #:	HO-95-2273

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	10.6	pCi/L	15	900.0	5/10/2012 / 1010 / MJN
Gross Beta, Short Term	7.9	pCi/L	50	900.0	5/10/2012 / 1010 / MJN
Radium-226	1.5	pCi/L	****	903.1	5/24/2012 / 1000 / MJN
Radium-228	1.9	pCi/L	****	Ra-05	5/24/2012 / 1046 / SN

### NOTES

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Gross Alpha Detection Limit: 1.5 pCi/L; Gross Beta Detection Limit: 2.2 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.9 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 ND:None Detected
- 7 Subcontracted to Reference Lab #278
- 8 pH and Chlorine level tested on site

Reason for Test : Client's Information

Date Reported: 5/25/2012

**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 #: 84283 Account #: 4470  
Reference: Williamsburg Group LLC Company: Williamsburg Group LLC  
Location: 11986 Hall Shop Road Requested By: Bob Corbett  
Clarksville, MD 21029 Source: Test Well Water Lot 1  
Date/ Time Collected: 5/8/2012 1035 Site: Pump Hose  
Date/Time Rec'd: 5/8/2012 1222 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Yeager 6176JY Well #: HO-95-2273

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	45.3	MPN/ 100 ml	<1.0	SM18 9223	5/9/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/9/2012 / 1000 / CCH
Nitrate	<1.0	mg/L	10	601	5/9/2012 / 1530 / CCH
Turbidity	>1000	NTU	<10	SM18 2130B	5/9/2012 / 1430 / CCH
Sand	Present	mg/L	5	Visual/Gravimetric	5/9/2012 / 1430 / CCH

**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 and Chlorine level tested on site

**Reason for Test :** Client's InformationDate Reported: 5/9/2012**MD State Certification # 133**

Send Report To:

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

E002740 E-82

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HO-95-2273 No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No B: \_\_\_\_\_

Plant/Site Name: Blevins Prop. Lot 1 Hall Shop Rd County: Howard

Sample Source: well 95-2273 Location: yield test HO-95-2273  
(well no, lab sink, sample tap, etc.)

County: ☒ 1 ☒ 2 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: Heidi Scott

Telephone No.: 410-313-6287

Date Collected: 5/8/12

Time Collected: 11:15 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☒ No ☐

Submitters Code: ☐ ☐

Federal Project: ☐

Field Data: \_\_\_\_\_  
pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: sample preserved to ph < 3.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2740	10.6 ± 2.9	05/10/12	05/11/12
✓	Gross Beta	4100	2740	11.6 ± 2.4	"	"
	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: 5/8/12

Supervisor: SP19

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

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD.  
BALTIMORE. MARYLAND 21230

