C 1 27648 — SEQUENCE NO. (MDE USE ONLY)

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

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 A520074-B

ST/CO USE ONLY — DATE Received MM DD YY (8–13)

DATE WELL COMPLETED: MM 9 DD 14 YY 2015 (15–20)

Depth of Well: 340' (22–26) (TO NEAREST FOOT)

RR OK 9/24/15

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho-15-0125 (28–37)

OWNER: Woodstock Land LLC (last name / first name)

WELL SITE ADDRESS: 1680 Woodstock Rd TOWN: Woodstock Md

SUBDIVISION: Silfrick Costello Prop SECTION: LOT: 2

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Sand	0	43	
Mica Rock	43	340	✓
Water 160, 290'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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.: M S D 0 2 4

Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M S D 0 2 7

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one): CEMENT [CM] (45–46) BENTONITE CLAY [BC]

NO. OF BAGS 12 NO. OF POUNDS 912.8

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (48–52 TOP) to 44 ft. (54–58 BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	47 (66–70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below: [ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 (1–2)

EACH SCREEN — DEPTH (nearest ft.)

1	Ho (8–9)	45 (11–15)	340 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56–60) (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____ (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 (1–2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8–9)

PUMPING RATE (gal. per min.) 10 (11–15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 ft. (17–20)

WHEN PUMPING 246 ft. (22–25)

TYPE OF PUMP USED (for test)
- [A] air (27)
- [P] piston (27)
- [T] turbine (27)
- [C] centrifugal (27)
- [R] rotary (27)
- [O] other (describe below) (27)
- [J] jet (27)
- [S] submersible (27)

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. ____ (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 (49)
- [–] below (49)

LAND SURFACE 2 (nearest foot) (50–51)

LATITUDE 39.32715
LONGITUDE 76.87909
(DEFAULT COORD. WGS 84)
NOTES:

MDE/WMA/PER.071

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 29550 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

556539 please type

STATE PERMIT NUMBER: HO - 15 - 0125

fill in this form completely

Date Received (APA) 07/17/15

OWNER INFORMATION

Woodstock Land LLC — Last Name / Owner / First Name

3230 Bethany Lane Suite 1 — Street or RFD

Ellicott City Md 21042 — Town / State / Zip

DRILLER INFORMATION

Larry Mayne — Driller's Name — M D 627 License No.

Joseph & Mayne Well Drilling — Firm Name

5512 Ridge Rd Mt Airy Md 21771 — Address

Larry Mayne — Signature — 7-14-2015 Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 [I] INDUSTRIAL, COMMERCIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [O] OPEN LOOP GEOTHERMAL
- [C] CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL: 280 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ __ - __ __ - __ __ __ __ 52

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

APPROP. PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No. HO - 15 - 0125

B 3 LOCATION OF WELL

Howard — COUNTY

S. Patrick Costello Property — SUBDIVISION

SECTION ____ LOT 2

Woodstock — NEAREST TOWN

B 4

SOURCES OF DRILLING WATER
1. Well
2.
3.

1680 Woodstock Rd — STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) / (W) WEST 32 E EAST / S SOUTH

DISTANCE FROM ROAD: 34 1100 37 Ft (ENTER FT OR MI 38 39)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

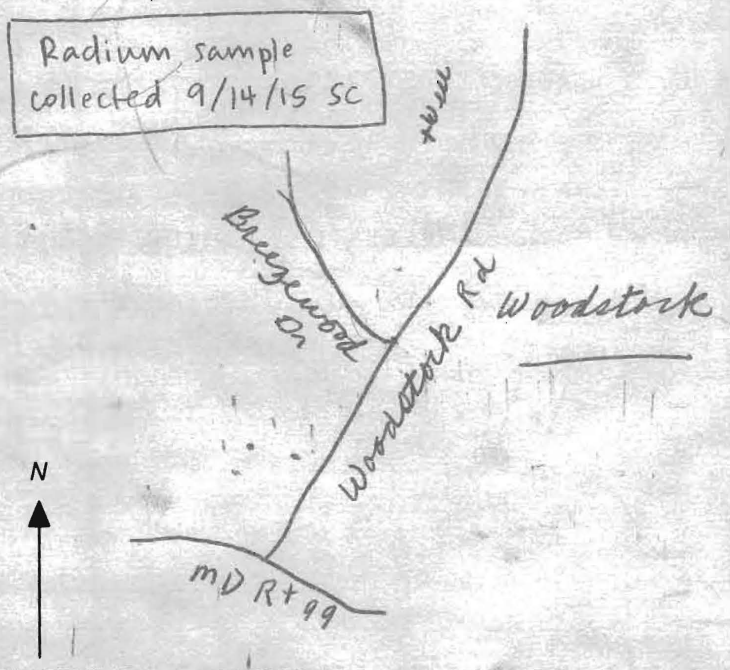
Howard — COUNTY NAME — A520074-B — 13 COUNTY NO.

STATE SIGNATURE ____ INSERT S → ____ 41

DATE ISSUED 08/13/2015 — CO SIGNATURE — 8/13/15 EXP. DATE

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

Radium sample collected 9/14/15 SC



SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED= Radium Sample required @ the yield test

MDE/WMA/PER.071

② COUNTY

Page ____ of ____ Review ____

Date 9-14-2015

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 15-0125
Location of property (road) 1680 Woodstock Rd
Subdivision S. Patrick Costello Prop. Lot 2 Block ____ Plat ____ Sec. ____
Well Driller Joseph L Maipre Owner ____

Depth of well 340'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 246 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill ~~8~~ 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	136'	3 sec		20 gpm
7:30	246	4 sec		15
7:45	246	6 sec		10
8:00	246	6 sec		10
8:15	246	6 sec		10
8:30	246	6 sec		10
8:45	246	6 sec		10
9:00	246	6 sec		10
9:15	246	6 sec		10
9:30	246	6 sec		10
9:45	246	6 sec		10
10:00	246	6 sec		10
10:15	246	6 sec		10
10:30	246	6 sec		10

HD-224

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: Eagles well pump & water treatment, LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): David C Eagle License# MS052216
*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: EGG construction Telephone #:
Subdivision: Lot #: Well Tag #: HO - 15 - 0125
Site Address: 1680 Woodstock Rd
Woodstock, MD 21163

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: Campbell	Two piece watertight cap: YES
Model #: 7HS07422	Model #: N/A	Screened, vented well cap: YES
Pump Capacity 7 GPM	Depth: 36" (36" min)	Cap secured to casing: YES
Well Yield: 10 GPM	NSF/WSC approved: YES	Conduit min 18" B.G.: YES

Depth of well encountered at time of pump installation: 340' (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cutoff 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. N/A

Piping to house	House Connection
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	Sleeve sealed properly: YES

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

David C Eagle 8/7/18
Signature of company representative responsible for installation date

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

Date Insp. Requested: 8/7/18 Date Insp. Approved: 8/7/18 Inspector: SC
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 ✓

Howard County
Health Department

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:

S. Patrick Costello Property 2 — 1680 Woodstock Rd
Subdivision/Property Name / Lot# — Road Name

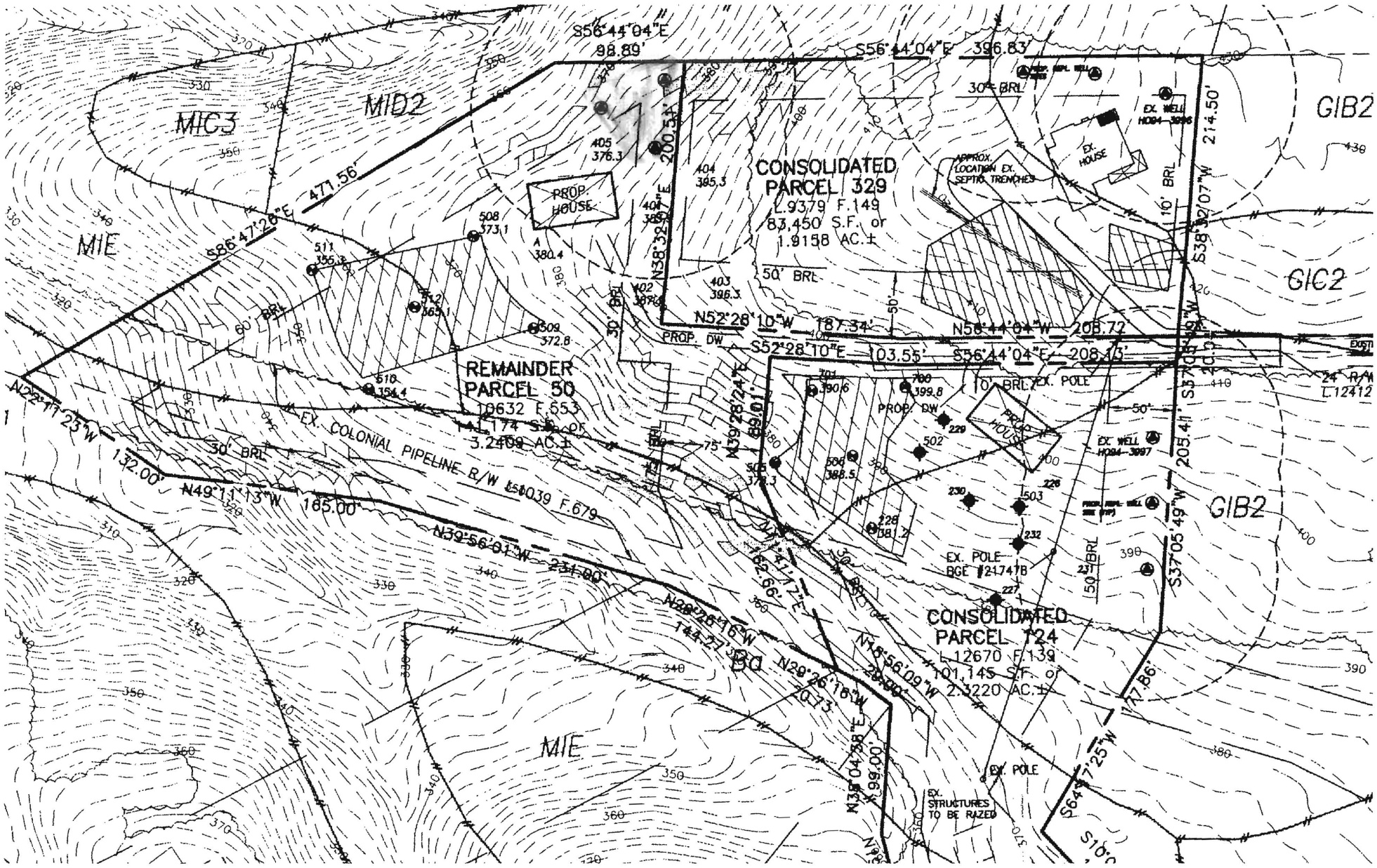
☑ The well site has been staked by Vanman Associates Inc.
(professional land surveyor or company employing professional land surveyors)
on 7-8-2015 (date) and does not require a site inspection.

☐ 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

Well sites ok
RP 8/13/15



Scale 1" = 100'

SEND REPORT TO: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
~~201 W. Preston St., Baltimore, MD 21201~~
Robert A. Myers, Ph.D., Director
1770 Ashland Ave. Baltimore, MD 21205

Lab No. 0446 & 15[illegible]

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Woodstock County: Howard

Sample Source: 1690 Woodstock Rd Location: HO-15-0125
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County [1][2] Plant No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	☑	Community	☐	Source (Raw)	☑	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	☑
Stream	☐	Private	☑	MCL	☐	Recheck	☐
Other _____	☐	Other _____	☐			Special	☐

Submitters Code: [ ][ ] Federal Project: [S]

Collector: S. Collins Telephone No.: 410-313 6297

Date Collected: 9/14/15 Time Collected: 10 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes [✓] No [ ] Iced: Yes [ ] No [✓]

Remarks: Sample taken during yield test

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	0446	EPA900.0	20.4±2.9	9/16/15	WT	9/17/15
☑	Gross Beta	4100	0446	EPA900.0	20.1±2.6	9/16/15	WT	9/17/15
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☑	Gross Alpha - Conf		0446	EPA900.0	24.2±3.3	9/16/15	WT	9/17/15
✓	Gross Beta - Conf		0446	EPA900.0	18.4±2.5	9/16/15	WT	9/17/15

Date Received: 09/15/15 Received By: In Jr

Data Release Signature: Deborah Miller-Jurd Date: 9/17/15

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

FORM REVISED 01/13
DHMH 4540 01/13

PROGRAM COPY

SEND REPORT TO: Bert Mixon
Howard Co. Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
~~201 W. Preston St., Baltimore, MD 21201~~
Robert A. Myers, Ph.D., Director
1770 Ashland Ave. Baltimore, MD 21205

Lab No. 0445 & 15

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: ~~Woodstock~~ Field Blank County: Howard

Sample Source: dH_2O Location: HCHD Lab
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County [1][3] Plant No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	☑	Community	☐	Source (Raw)	☑	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	☑
Stream	☐	Private	☑	MCL	☐	Recheck	☐
Other _____	☐	Other _____	☐			Special	☐

Submitters Code: [ ][ ] Federal Project: [S]

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 9/14/15 Time Collected: _____ a.m. 1:45 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes [✓] No [ ] Iced: Yes [ ] No [ ]

Remarks: _____

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	0445	EPA 900.0	<2.0	9/16/15	WT	9/17/15
☑	Gross Beta	4100	0445	EPA 900.0	<4.0	9/16/15	WT	9/17/15
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☐								

Date Received: 09/15/15 Received By: In Si

Data Release Signature: Rebecca Miller-Jack Date: 9/17/15

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

FORM REVISED 01/13
DHMH 4540 01/13

PROGRAM COPY

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237

HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Information	Customer Information
Property Address: **1680 Woodstock Road Woodstock, MD 21163** Well Tag Number: **HO-15-0125** Building Permit # **B-17002656**	Name: **Well Water Solutions** Phone Number: **(410) 935-7185** Email: **jemoseman@wellwatersolutions.net**

Field Data		
Date & Time Sampled: **12/3/2018 12:15 PM** Date & Time Received: **12/4/2018 9:45 AM** Sampled By: **Janet Walker** Sampler ID: **9006JW** Sample Location: **Kitchen sink**	pH: **5.0** Chlorine Residual: **0.0** Clarity: **Clear** Sand: **None** Preservation: **Cool, 4°C**	Well Type: **Not Noted** Well Height: **Not Noted** Cap Type: **Not Noted** Casing: **Not Noted** Conduit: **Not Noted**
Water Conditioning: **None-No treatment**		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**12/5/2018**
E. Coli	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**12/5/2018**

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director Report Date: 12/5/2018

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, November 08, 2018 11:17 AM
To: 'mariaaliprando@gmail.com'
Subject: 1680 Woodstock Road
Attachments: [Untitled]_2018110811100399.pdf

Maria,
In review of your Interim Certificate of Potability (ICOP) letter, I came across a few things that need to be addressed. A site visit will need to be made to the property to verify a pending grading issue on the septic area that is holding up the approval of the septic permit (we may be able to stop by today). Also, can you forward me a copy of all water tests including the radium results. See attached letter that states clearly what was needed/required for the radium.

Thanks,

Kevin M. Wolf, **LEHS, REHS/RS**
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648

HOWARD COUNTY
HEALTH DEPARTMENT

kwolf@howardcountymd.gov

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9106 Philadelphia Road
Suite 106
Rosedale, MD 21237

HOME LAND ENVIRONMENTAL HEALTH LABS
"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Information	Customer Information
Property Address: **1680 Woodstock Road Woodstock, MD 21163** Well Tag Number: **HO-15-0125** Building Permit # **B-17002656**	Name: **Well Water Solutions** Phone Number: **(410) 935-7185** Email: **jemoseman@wellwatersolutions.net**

Field Data		
Date & Time Sampled: **12/6/2018 11:45AM** Date & Time Received: **12/7/2018 9:00AM** Sampled By: **Janet Walker** Sampler ID: **9006JW** Sample Location: **Kitchen sink**	pH: **5.0** Chlorine Residual: **0.0** Clarity: **Clear** Sand: **None** Preservation: **Cool, 4°C**	Well Type: **Not noted** Well Height: **Not noted** Cap Type: **Not noted** Casing: **Not noted** Conduit: **Not noted**
Water Conditioning: **None – Samples collected pre-treatment**		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**12/8/2018**
E. Coli	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**12/8/2018**

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director Report Date: 12/10/2018

Howard County
Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

October 16, 2015

Woodstock Land, LLC
Attn: Patrick Costello
3230 Bethany Lane Suite 1
Ellicott City, Maryland 21042

RE: 1680 Woodstock Road
Woodstock, Maryland
Well Tag: HO - 15 – 0125

Dear Mr. Costello:

A sample was collected during a yield test on September 14, 2015 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 **20.4 ± 2.9 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **20.1 ± 2.6 pCi/L.** The **Gross Alpha** result was above 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 **does not meet** EPA regulatory standards. Given the elevated reading for **Gross Alpha** (and somewhat higher than typical **Gross Beta**), additional testing **for these parameters** will be required to secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system most likely will be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. **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

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
✓ cc: Property file

Cc: Jemoseman@wellwatersolutions.net; mariaaliprando@gmail.com
Subject: Re: Health Letter for U&O/1680 Woodstock Rd, Woodstock MD, 21163

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,

My apologies for the confusion. The property has a Chem Feeder on site. It is not installed, not in working condition and not in use at the time of any of the Water Quality Samples taken. The water was collected RAW on 11/9/18, 12/3/18 & 12/6/18 with no Water Treatment in Use.

Again, I apologize for the confusion. I will make sure the Labs no longer use the language pre-treatment and just use RAW Water No Treatment in the future.

Should you have any additional questions please do not hesitate to let us know.

Thank you,
Janet Walker Bieber
Well Water Solutions, Inc.
301-674-3137
410-935-7185
www.wellwatersolutions.net
www.facebook.com/wellwatersolutions.net

Well Water Solutions, Inc. is the answer for all of your well concerns.
Ask us about our Well Warranty, Inspections and Services for Residential and Real estate transactions

---

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Wednesday, December 12, 2018 4:31 PM
To: Janet Bieber; Martin, Sharhonda
Cc: Jemoseman@wellwatersolutions.net; mariaaliprando@gmail.com
Subject: RE: Health Letter for U&O/1680 Woodstock Rd, Woodstock MD, 21163

Janet,
I am a little confused on the treatment. It says "Pre treatment first test - no treatment". Is there treatment and if so, what kind? And also were these samples collected prior or after?

Kevin

-----Original Message-----
From: Janet Bieber [mailto:jbieber@wellwatersolutions.net]
Sent: Monday, December 10, 2018 11:06 AM
To: Wolf, Kevin; Martin, Sharhonda

Cc: Jemoseman@wellwatersolutions.net; mariaaliprando@gmail.com
Subject: Health Letter for U&O/1680 Woodstock Rd, Woodstock MD, 21163

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning!

Attached are the passing Potability Results, Bacteria Results and Radium Results. The original Bacteria failed and the Well was Chlorinated. Attached are two (2) passing Bacteria results collected after the Chlorination and pre-treatment. All samples were collected pre-treatment, meaning the property did not have any treatment in use upon collection. Please review and submit the Health Letter so they can obtain the U&O for this property.

- ~ 1680 Woodstock Rd, Woodstock MD, 21163
- ~ Well Tag # HO-15-0125
- ~ Building Permit # B-17002656

Thanking you in advance for your assistance. Should you have any questions or need additional information please do not hesitate to contact us.

Thank you,
Janet Walker Bieber
Well Water Solutions, Inc.
301-674-3137
410-935-7185
www.wellwatersolutions.net
www.facebook.com/wellwatersolutions.net

Well Water Solutions, Inc. is the answer for all of your well concerns.
Ask us about our Well Warranty, Inspections and Services for Residential and Real estate transactions

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, December 13, 2018 11:24 AM
To: 'Janet Bieber'; Martin, Sharhonda
Cc: Jemoseman@wellwatersolutions.net; mariaaliprando@gmail.com
Subject: RE: Health Letter for U&O/1680 Woodstock Rd, Woodstock MD, 21163
Attachments: WWS-Woodstock Road Lab Report Full Report.pdf; Radium Agreement revised 7.16.18.pdf

Janet,
These results have been reviewed and discussed internally with my Director. We feel that the combined Radium 226/228 level of **4.9 pCi/L** is enough to rule over the MCL of **5 pCi/L**. In the interest of protecting public health and the owners water source, a 'point-of-use' treatment system (i.e. water softener, reverse osmosis) must be installed and post treatment water samples be taken for gross alpha long term and Radium 226/228. In the interest of time (Use and Occupancy), we can issue a "temporary" ICOP (Interim Certificate of Potablility) to allow time for the water tests results to get back. However, prior to the Temp ICOP issuance, we would need confirmation that the treatment system has been installed (i.e. invoice), water tests have been scheduled/taken, and the attached Radium agreement has been reviewed signed, and recorded in Land Records. This agreement is standard and is given to the builder/owner to review and complete.

Thanks,

Kevin M. Wolf, **LEHS, REHS/RS**
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648

HOWARD COUNTY
HEALTH DEPARTMENT

kwolf@howardcountymd.gov

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

-----Original Message-----
From: Janet Bieber [mailto:jbieber@wellwatersolutions.net]
Sent: Wednesday, December 12, 2018 8:53 PM
To: Wolf, Kevin; Martin, Sharhonda

1/8

HOME LAND ENVIRONMENTAL HEALTH LABS

443-505-8375
9106 Philadelphia Road Suite 106
Rosedale MD 21237
www.homelandhealthyhomes.com
lab@homelandhealthyhomes.com

Chain Of Custody Form

Client Name: WWS

Site Address: 1680 WOODSTOCK RD

Address:

WOODSTOCK MD 21163

Phone:

Email:

Field Collection Information

Collector's Name:	JOHN NOSENIAN
Sampler's ID #:	0130 JRM
Collected Date and Time:	12/26 1:00
Well Tag Number:	

Field pH:	—
Field Chlorine:	—
Sand:	ABSENT
Clear At Time of Sample?	YES
Was Well Chlorinated?	NO

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
1 FT	1 Piece	PVC	PVC

Requested Testing: *(Please Circle All That Apply)*

FHA/VA (Potability +Nitrites, Lead and Iron)

Potability (Bacteria, Nitrates, pH, Turbidity)

Arsenic	Bacteria	Cadmium	Chlorides	Gross Alpha X	Iron
Lead	MTBE	Nitrates	Nitrites	Pesticides	Radium 226/228 X
Total Hardness	VOC's	Other:	Other:	Other:	Other:

Source: Well / Kitchen

Water Conditioning: SOFTENER & CHEM FEEDER

Release Signatures

WATER SAMPLES POST TREATMENT

Released By: [signature] Date/Time: 12/26 1:00

Released By: [signature] Date/Time: 12/28 8:00

Released By: Conor McDonald Date/Time: 12/27/18 9:05

Received in lab by: A. Matias Date/Time: 12/27/18 @ 9:05AM

Dave / Junior
Technician

WORK ORDER

National water service.com

P.O. Box 138
ASHTON, MD 20861-0138

301-854-1333

Date Ordered _____

Sun Mon Tues Wed Thurs Fri Sat

Date Scheduled 12-20-18

Time Slot 9am

Referral / Source: _____

☒ Installation ☐ Service ☐ Delivery ☐ Pickup ☐ Last Service / / | MDE-WCI 0138 MDE-PI 0145 VA Class "C"

Name Maria Aliprando Phone #1 443-299-6723

Address 1680 Woodstock Rd Phone #2 _____

City Woodstock State MD Zip _____ E-mail _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. NWSC guarantees all new installations for a full year and service calls for 30 days against any defects in workmanship (conditions apply on back of form). NWSC makes no other warranties, expressed or implied, and its agents and technicians are not authorized to make any such warranties on behalf of NWSC. Accounting reserves the right to bill or refund for any errors in pricing made by technicians.

☐ ANNUAL SERVICE
☐ WARRANTY ☐ PARTS ☐ LABOR
☐ TRIP CHARGE
☐ EMERGENCY

☐ RO ☐ (TGI) ☐ (WFS) ☐ (HT) ☐ Soft ☐ Neut ☐ 10x54 ☐ 13x54 ☐ Mag-Ox ☐ Clack ☐ 5600 ☐ 2510 ☐ 7000 ☐ Autotrol ☐ Other

☐ UV ☐ (ATS) ☐ (SL) ☐ (TR) ☐ Multimedia ☐ Birm ☐ Carbon ChemFeeder ☐ Stenner ☐ Grundfos ☐ Pulsafeeder ☐ Caustic ____ ☐ H2o2 ____

☐ 10" Filters ☐ 20" Filters Tag # _____ Depth _____ Static _____ Yield _____

Work Requested: INSTALL 10x44 SOFT & DIGITAL P. SWITCH

TERMS: Accounts over 30 days will incur finance charges of 2% compound interest per month plus all costs of collections, including but not limited to reasonable attorney's fees of one-third (1/3) of any sums due and owing. Payment in full is due at time of service. A $25.00 administrative fee will be charged to invoice any unpaid service ticket(s).

I am the client or agent representing the client above and I authorize work outlined to be done.

Signature _____ Printed Name _____

QTY	ADDITIONAL PARTS / LABOR	UNIT	AMOUNT
•	Install Softener		
•	Install digital pressure switch 58/68		
	Total Additional Parts / Labor		

QTY	MATERIALS	UNIT	AMOUNT
	Softener Install		1875.00
	Digital Pressure Switch		475.00
	Case of Filters		82.00
	Total Materials		
	Total Labor		
	New Total		2432.00
	TOTAL AMOUNT DUE		~~2350.00~~

TIME STARTED 10:00 AM PM
TIME ENDED 1:00 AM PM
TOTAL TIME

Payment in FULL is due at time of service.

pH _____ Ferric _____ Ferrous _____ Hardness _____ TDS ____/____

Comments:

All work is to be completed in a workmanlike manner according to standard practices. Owner/Renter is expected to carry all necessary insurance. Please note additional information on the back of this form.

I have the authority to order the work outlined above or any work which has been satisfactorily completed. I agree that Seller retains title to any equipment or materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

◯ I acknowledge receipt of the Homeowner Responsibility Form

x [signature] x 12/13/18

Signature (for work completed & credit card authorization) Date

Payment: ___ Cash ___ Check (#_____) Visa MC AmEx Disc

CC# _____ exp _____

9/27/2018

White - Office, Yellow - Customer, Pink - Duplicate

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Maria Aliprando, Press Palmer ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11680 Woodstock Rd. Woodstock MD 21163 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0010, Block # _____, Parcel # 0050, Deed Reference # /18090/00500 and Tax Account # 279650 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit 10-15-0125 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.

2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department

shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.

4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.

5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.

6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.

7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.

8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.

9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

[signature]	1·8·2019		
Owner	Date	Buyer	Date
[signature]	1-8-2019		
Owner	Date	Buyer	Date

[signature] 1/8/2019

Howard County Health Department Date

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – JULY 24, 2019

January 24, 2019

Maria Aliprando
1680 Woodstock Road
Woodstock, MD 21163

RE: Costello Property, Lot 2
1680 Woodstock Road
Building Permit: B17002656
Well Permit: HO-15-0125

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 **11/8/2018.** Final approval of the well line connection to the dwelling was granted on **8/7/2018.** The well construction was completed on **9/4/2015.** Water samples were collected on **11/9/2018.**

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 **9/14/2015**. Results showed a Gross Alpha level of **20.4 ± 2.6 pCi/L** and a Gross Beta level of **20.1 ± 2.6 pCi/L. This exceeds the maximum contaminant level (MCL) combined Radium 226 and 228 of 5.0 pCi/L.**

After installation of a radionuclide removal device (Water Softener), post-treatment water samples were collected on **12/26/2018** and indicated a combined Radium 226/228 level of **<1.0** pCi/L which is below the MCL of 5 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.

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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-15-0125. 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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

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

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

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237

HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Information	Customer Information
Property Address: **1680 Woodstock Road Woodstock, MD 21163** Well Tag Number: **Not noted**	Name: **Well Water Solutions** Phone Number: **(410) 935-7185** Email: **jemoseman@wellwatersolutions.net**

Field Data		
Date & Time Sampled: **12/26/2018 1:00 PM** Date & Time Received: **12/27/2018 9:05 AM** Sampled By: **John Moseman** Sampler ID: **0130JEM** Sample Location: **Well/Kitchen sink**	Chlorine Residual: **0.0** Clarity: **Clear** Sand: **None** Preservation: **Cool, 4°C**	Well Type: **Drilled** Well Height: **1'** Cap Type: **1-Piece** Casing: **PVC** Conduit: **PVC**
Water Conditioning: **Water Softener, Chemical Feeder (Water samples post-treatment)**		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Gross Alpha	EPA 900.0	**<1.8**	**Pass**	pCi/L	15.0	1.8	FRC*	1/3/2019
Radium 226	EPA 903.1	**<0.2**	**N/A**	pCi/L	N/A	0.2	FRC*	1/8/2019
Radium 228	EPA Ra-05	**<0.8**	**N/A**	pCi/L	N/A	0.8	FRC*	1/8/2019
Combined Radium 226 & 228	EPA 903.1 & EPA Ra-05	**<1.0**	**Pass**	pCi/L	5.0	-	FRC*	1/8/2019

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director Report Date: 1/8/2019

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237

HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Information	Customer Information
Property Address: **1680 Woodstock Road Woodstock, MD 21163** Well Tag Number: **HO-15-0125** Building Permit #: **B17002656**	Name: **Well Water Solutions** Phone Number: **(410) 935-7185** Email: **jemoseman@wellwatersolutions.net**

Field Data		
Date & Time Sampled: **11/9/2018 11:30AM** Date & Time Received: **11/9/2018 12:37PM** Sampled By: **Janet Walker** Sampler ID: **9006JW** Sample Location: **P/T Pressure Tank, Bacteria – Basement bathroom sink**	pH: **5.0** Chlorine Residual: **0.0** Clarity: **Clear** Sand: **None** Preservation: **Cool, 4°C**	Well Type: **Not noted** Well Height: **Not noted** Cap Type: **Not noted** Casing: **Not noted** Conduit: **Not noted**
Water Conditioning: **Pre-treatment first test – no treatment**		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	Present	**Fail**	Per/100mL	Present	1.0	KMB	**11/11/2018**
E. Coli	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**11/11/2018**
Nitrate-Nitrite	EPA 353.2	**1.8**	**Pass**	mg/L	10.0	0.5	KMB	**11/9/2018**
Turbidity	EPA 180.1	**3.25**	**Pass**	NTU	10.0	0.5	KMB	**11/12/2018**
Gross Alpha	EPA 900.0	**5.3**	**Pass**	pCi/L	15.0	0.8	FRC*	**11/15/2018**
Gross Beta	EPA 900.0	**11.8**	**Pass**	pCi/L	50.0	1.4	FRC*	**11/15/2018**
Radium 226	EPA 903.1	**1.8**	**Pass**	pCi/L	5.0	0.2	FRC*	**11/20/2018**
Radium 228	EPA Ra-05	**3.1**	**Pass**	pCi/L	5.0	0.8	FRC*	**11/19/2018**

Discussed w/ Best on 12/12/18 need treatment (AOV) post treatment.

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director Report Date: 11/20/2018

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/11/15	On site at the end of drilling. Well 320' getting 10-12 gpm.
	47' PVC casing used. (SC)
9/14/15	On site during yield test. 42' static water level, measuring point
	246' + 10 gpm. Well grouted earlier + used 12 bags of cement.
	Radium sample collected at 10 am. (SC)

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
2/8/18	Made Site Visit. Well Locations not
	Staked

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, July 27, 2017 2:41 PM
To: 'John Martinez'
Subject: RE: B17002656_1680 Woodstock Road_Floor Plans
Attachments: Water Sample Letter_1680 Woodstock Road.pdf

John:

The building permit has been approved by the Health Department. Please note, when the well was drilled and yield test conducted, the water was also sampled for gross alpha and beta particles (natural radioactive nuclides). The gross alpha result was above the maximum contaminate level. Please see attached water sample result letter for more details about future water treatment requirements prior to ICOP issuance.

Please contact me with any questions.

Respectfully,

Hank

From: John Martinez [mailto:jmartinez@musearchitects.com]
Sent: Thursday, July 27, 2017 9:43 AM
To: Oswald, Hank
Subject: RE: B17002656_1680 Woodstock Road_Floor Plans

Hank,

Please find the attached. Let me know if you need anything else.

John David Martinez

M U S E A R C H I T E C T S

7401 Wisconsin Ave, Suite 500
Bethesda, MD 20814
T. 301.718.8118
F. 301.718.8112

W W W . M U S E A R C H I T E C T S . C O M

From: Oswald, Hank [mailto:hoswald@howardcountymd.gov]
Sent: Thursday, July 27, 2017 8:14 AM
To: John Martinez
Subject: RE: B17002656_1680 Woodstock Road_Floor Plans

Yes, this is my assignment. I just want to confirm that I received the entire floor plan.

Thanks,

Hank

From: John Martinez [mailto:jmartinez@musearchitects.com]
Sent: Wednesday, July 26, 2017 11:57 AM
To: Oswald, Hank
Subject: RE: B17002656_1680 Woodstock Road_Floor Plans

Hi Hank,

I just want to make sure you are the one assigned to review this building permit. I submitted 3 paper copies of 11x17 size floor plans and 3 copies of full size site plans to DILP when I applied for permit. I can certainly provide you with PDFs of the drawings but just want to confirm you are assigned to this job in an effort to protect my client's information.

Thanks in advance,

John David Martinez

M U S E A R C H I T E C T S

7401 Wisconsin Ave, Suite 500
Bethesda, MD 20814
T. 301.718.8118
F. 301.718.8112

W W W . M U S E A R C H I T E C T S . C O M

From: Oswald, Hank [mailto:hoswald@howardcountymd.gov]
Sent: Wednesday, July 26, 2017 9:58 AM
To: John Martinez
Subject: B17002656_1680 Woodstock Road_Floor Plans

Hello Mr. Martinez:

Is it possible for you to send me a copy of the floor plans for 1680 Woodstock Road via email?

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)