C 1 56569 — SEQUENCE NO. (MDE USE ONLY)

(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

ST/CO USE ONLY
DATE Received MM 06 DD 98 YY 19

DATE WELL COMPLETED MM 5 DD 10 YY 19 — Approved (ST) 12/30/22

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-18-0050

OWNER Stull Dorothy (last name / first name)

WELL SITE ADDRESS 12210 Hallsho Rd TOWN Clarksville

SUBDIVISION ____ SECTION ____ LOT ____

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
Yellow Clay and Sand	0	85	
Red and yellow clay	85	270	
Grey Limestone	270	500	✓
Storage: 699 gal			

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 224

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: ___ ___ D ___ ___ ___

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]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 35 NO. OF POUNDS 3290

GALLONS OF WATER 210

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (TOP) ft. to 99 (BOTTOM) ft.

(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)
ST	06	102

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
ST	05	27	292

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.)

EACH SCREEN			
1	40	292	500
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

from ____ to ____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.01

METHOD USED TO MEASURE PUMPING RATE tgal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.

WHEN PUMPING 429 ft.

TYPE OF PUMP USED (for test)

[A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [NO]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE 3 (nearest) foot

LATITUDE 39.177603

LONGITUDE 76.935923

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryand Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the pulic and other governmental agencies, if not protected by federal or state law.

MDE/WMA/PER.071

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 — SEQUENCE NO. (MDE USE ONLY): 59762 — 1 2 3 6

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

5d4813

STATE PERMIT NUMBER: HO-18-0050 — 70 79

fill in this form completely

Date Received (APA): 032919 — 8 MM DD YY 13

OWNER INFORMATION

STULL Dorothy — 15 Last Name | Owner | First Name 34

12620 Hall Shop RD — 36 Street or RFD 55

Fulton, Md. 20759-9750 — 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Andrew R. Houseman M S D 224 — Driller's Name 76 License No. 81

Fooks Well Drilling, LLC — Firm Name

P.O Box 202 Woodbine, Md 21797 — Address

Andrew R. Houseman 3-28-19 — Signature Date

B 3 LOCATION OF WELL

Howard — 8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville — 52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER
1 Well water
2.
3 5/2/19- Setting 250 of casing still no H20 drilling all mud @ 275' deep
5/3/19- driller still trying to get casing thru mud.

12210 Hall Shop Rd — 11 STREET ADDRESS 30

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

50 — 37 DISTANCE FROM ROAD

FT — ENTER FT OR MI 38 39

TAX MAP: 0040 BLK: 0006 PARCEL: 0095

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 5 — 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 — 14 20

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME

XIII — COUNTY NO.

STATE SIGNATURE — INSERT S → 41

DATE ISSUED 04/26/19 — 43 MM DD YY 48

CO SIGNATURE

EXP. DATE 04/26/20

Drill: 4/30/2019 DOG — Dev: 5/10/2019

APPROXIMATE DEPTH OF WELL: 300 FEET — 24 28

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

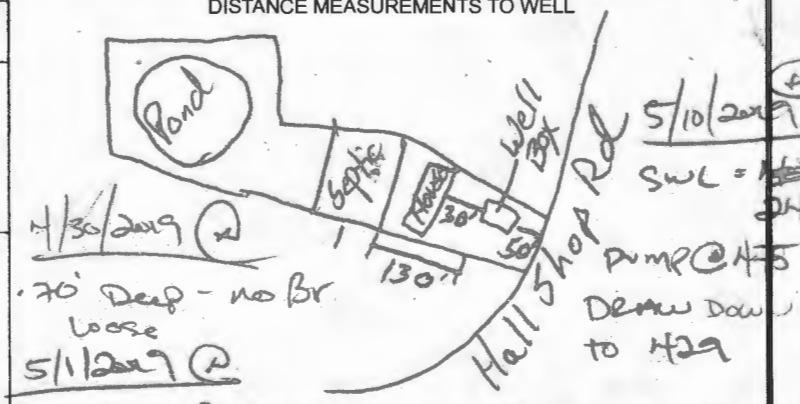
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- 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

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



4/30/2019 @ .70' Deep - no Br Loose

5/1/2019 @ 10" Casing 5/6/2019 @ 260' BK

5/10/2019 @ SWL = DH PUMP @ 475 Drew Down to 429

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

APPROP. PERMIT NUMBER — — — — — G — — —

PERMIT No. HO-18-0050 — 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: RADIUM SAMPLE REQUIRED

MDE/WMA/PER.071

② COUNTY

Date: May 10, 2019

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-18-0050
Location of Property: 12210 Hall Shop Rd Clarksville, Md 21029
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner: Dorothy Stull

Depth of Well: 500' Casing: 102' of 6" Steel Casing & 265' of 5" Steel Casing
Distance of measuring point (M.P.) above ground: 3'
Static water level (S.W.L.) below M.P.: 24'
High rate pumping –reservoir Drawdown
Time pump started: 6:45 Pumping rate: 12
Total time 75 Mins to reach pumping water level 429 ft. below M.P. Pump at 475'

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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	24'	5 Seconds		12 gpm
7:00	146'	6 Seconds		10 gpm
7:15	231'	8 Seconds		7.5 gpm
7:30	302'	7 Seconds		8.5 gpm
7:45	380'	7 Seconds		8.5 gpm
8:00	429'	59 Seconds		1. 1 gpm
8:15	429'	59 Seconds		1. 1 gpm
8:30	429'	59 Seconds		1. 1 gpm
8:45	429'	59 Seconds		1. 1 gpm
9:00	429'	59 Seconds		1.1 gpm
9:15	429'	59 Seconds		1.1 gpm
9:30	429'	59 Seconds		1.1 gpm
9:45	429'	59 Seconds		1.1 gpm
10:00	429'	59 Seconds		1.1 gpm
10:15	429'	59 Seconds		1.1 gpm
10:30	427'	59 Seconds		1.1 gpm
10:45	427'	59 Seconds		1.1 gpm
11:00	427'	59 Seconds		1.1 gpm
11:15	427'	59 Seconds		1.1 gpm
11:30	427'	59 Seconds		1.1 gpm
11:45	426'	59 Seconds		1.1 gpm
12:00	426'	59 Seconds		1.1 gpm
12:15	426'	59 Seconds		1.1 gpm
12:30	426'	59 Seconds		1.1 gpm
12:45	426'	59 Seconds		1.1 gpm
1:00	426'	59 Seconds		1.1 gpm
1:15	425'	59 Seconds		1.1 gpm
1:30	425'	59 Seconds		1.1 gpm
1:45	425'	59 Seconds		1.1 gpm
2:00	425'	59 Seconds		1.1 gpm
2:15	425'	59 Seconds		1.1 gpm

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: Robert L. Feezer Co., Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
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): Russell George License# PI0148
***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: Envision Homes Telephone #: 410-652-5785
Subdivision: Lot #: Well Tag #: **HO** - 18 - 0050 (ST)
Site Address: 12204 Hallshop Road
Clarksville, Maryland

Submersible Pump Data
Make: Goulds
Model #: 5CS10422C
Pump Capacity 5 GPM
Well Yield: 1.001 GPM
Depth of well encountered at time of pump installation: (feet)

Pitless Adapter
Make: Campbell
Model#: PT800
Depth: 42" (36" min)
NSF/WSC approved: Yes

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

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

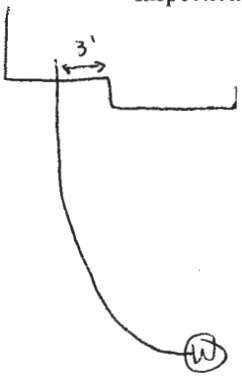
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/19/19 Date Insp. Approved: 12/19/19 Inspector: (ST)

Inspection Data:
- Pitless adapter watertight & water supply line at least 36" below grade ✓ 48"
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 28"
- Safety rope not outside of well cap/casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓ 23"
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓



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

MEMORANDUM

TO: **Fogle's Well Drilling, LLC**
Attn: Andrew R Houseman MSD 00224
PO Box 202
Woodbine, MD 21797

FROM: **Joseph Cabahug** 4/26/2019
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: 12210 Hall Shop Road – Well Permit Special Conditions

DATE: 04/26/2019

This memorandum serves to inform the driller serving 12210 Hall Shop Road for construction of a new potable well for residential use of the special conditions associated with the release of the well permit 564813.

The proposed well at the above address is within the Baltimore Gneiss formation. Radium sample collection will be required at the yield test.

Additional water samples to be collected are Sodium, Chloride, and Total Dissolved Solids.

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File

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

Dr. Maura J. Rossman, M.D., 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:

Subdivision/Property Name	Lot #	12210 Hall Shop Rd Road Name

☒ The well site has been staked by Fisher Collins & Carter, Inc.
(professional land surveyor or company employing professional land surveyors)
on March 14, 2019 (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.

HOWARD COUNTY
HEALTH DEPARTMENT

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8930 Stanford Blvd | Columbia, MD 21045
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Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 26, 2020

February 26, 2020

Homeowner
12204 Hall Shop Road
Clarksville, MD 21029

RE: Stull Property, P. 95
12204 Hall Shop Road
Building Permit: B19003015
Well Permit: HO-18-~~0500~~ 0050

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 **12/6/2019.** Final approval of the well line connection to the dwelling was granted on **12/19/2019.** The well construction was completed on **5/10/2019.** Water samples were collected on **2/7/2020, 2/11/2020, 2/20/2020.**

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 **5/10/2019**. Results showed a Gross Alpha level of **4.5** ± 1.9 **pCi/L** and **Gross Beta** level of **7.3 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-18-0500. 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.**

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
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Maura J. Rossman, M.D., Health Officer

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

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

Approving Authority,

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

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

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 #:	135603		Account #:	1920
Reference:	Envision Homes		Company:	Robert L Feezer Co- New Homes
Location:	12204 Hall Shop Road		Requested By:	Rick Cross
	Clarksville, MD 21029		Source:	Well Water
Date/ Time Collected:	2/7/2020	1302	Site:	Pressure Tank
Date/Time Rec'd:	2/7/2020	1519	Treatment:	Prior to Sediment Filter
Chlorine ppm:	Free: ND	Total: ND	pH:	7.3
Collected By:	R. Ott	0266RO	Well #:	HO-18-0050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/8/2020 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/8/2020 / 1000 / LLO
Nitrate	<1.0	mg/L	10	601	2/7/2020 / 1610 / RER
Turbidity	17.6	NTU	<10	SM20 2130B	2/7/2020 / 1630 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2020 / 1630 / RER
Iron	0.93	mg/L	0.3*	FR, 45 (126)	2/10/2020 / 0920 / CRS

NOTES

1. *SMCL = Secondary Maximum Contaminant Level
2. mg/L = milligrams per liter (also, parts per million)
3. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
4. NS = None Seen (NS indicates less than 5 mg/L)
5. NTU = Nephelometric Turbidity Units
6. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
7. ND:None Detected
8. Visual well check: Sealed, vented cap
9. pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 19003015

Date Reported: 2/10/2020

MD State Certification # 133

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 #:	135645		Account #:	1920	
Reference:	Envision Homes		Company:	Robert L Feezer Co- New Homes	
Location:	12204 Hall Shop Road		Requested By:	Rick Cross	
	Clarksville, MD 21029		Source:	Well Water	
Date/ Time Collected:	2/11/2020	1144	Site:	Pressure Tank	
Date/Time Rec'd:	2/11/2020	1320	Treatment:	Prior to Sediment Filter	
Chlorine ppm:	Free: ND	Total: ND	pH:	7.2	
Collected By:	J. Yeager	0819JY	Well #:	HO-18-0050	

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	48.8	NTU	<10	SM20 2130B	2/11/2020 / 1640 / RER
Hardness	142	mg/L CaCO3	***	SM20 2340 C.	2/12/2020 / 1145 / CRS

NOTES

1. ***Hardness Range: Soft 0-75; Moderately Hard 75-150; Hard 150-300; Very Hard >300 mg CaCO3/L = milligrams of Calcium Carbonate per Liter
2. NTU = Nephelometric Turbidity Units
3. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
4. ND:None Detected
5. Visual well check: Sealed, vented cap
6. pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 19003015

Date Reported: 2/12/2020

MD State Certification # 133

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 #:	135838	Account #:	1920
Reference:	Envision Homes	Company:	Robert L Feezer Co- New Homes
Location:	12204 Hall Shop Road	Requested By:	Rick Cross
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	2/20/2020 1350	Site:	Kitchen Sink Tap
Date/Time Rec'd:	2/20/2020 1523	Treatment:	Softener/Neutralizer/Sediment Filter
Chlorine ppm:	Free: ND Total: ND	pH:	7.2
Collected By:	J. Yeager 0819JY	Well #:	HO-18-0050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.05	mg/L	0.3*	FR, 45 (126)	2/20/2020 / 1630 / RER
Turbidity	0.55	NTU	<10	SM20 2130B	2/21/2020 / 1040 / 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 # : 19003015

Date Reported: 2/21/2020

MD State Certification # 133

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

July 11, 2019

Ms. Holly Schmidt
12210 Hall Shop Road
Clarksville, Maryland 21029

RE: 12210 Hall Shop Road
Clarksville, Maryland 21029
Well Tag: HO – 18 – 0050

Dear Ms. Schmidt:

A sample was collected during a yield test on May 10, 2019 and submitted to the Maryland Department of Health 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 **4.5 ± 1.9 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **7.3 ± 2.0 pCi/L.** The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L,** while **the Gross Beta** level was below its targeted standard 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 well water supply is **within** EPA regulatory standards. Additional testing **for these parameters** does not appear necessary to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed 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 or to schedule additional testing.

Sincerely,

Bert Nixon

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
✓ cc: Property file

SEND REPORT TO:

Howard County Health Department
~~Bureau of Environmental Health~~
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. 05-368480

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: _____ County: HOWARD

Sample Source: 12210 HALL SHOP ROAD CLARKSVILLE 21029 Location: HO-18-0050
(Well no., lab sink, sample tap, etc.)

~~Radon-222~~ ~~Bottle A~~ HOJC00502A Radon-222 Field Blank Bottle A _____
RADIUM Bottle B _____ Bottle B _____

County 13 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: HF Federal Project: ☐

Collector: CABAHUG 001997 Telephone No.: HIO 313 26M3

Date Collected: 05/10/2019 Time Collected: 11:15 a.m. _____ p.m.

Field pH: 8.0 Field Chlorine: NEG

Nitric Acid Preserved: Yes ☑ No ☐ Iced: Yes ☐ No ☐

Remarks: Sample collected at field

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	2252	EPA900.0	4.5 ± 1.9	5/14/19	MD	5/15/19
☑	Gross Beta	4100	2252	EPA900.0	7.3 ± 2.0	5/14/19	MD	5/15/19
☐	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: 5/13/19 Received By: _____

Data Release Signature: _____ Date: 5/22/19

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

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
[illegible]0 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: HCHD County: HOWARD

Sample Source: FIELD BLANK Location: LAB E113
(Well no., lab sink, sample tap, etc.)

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

County 13 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: 11F Federal Project: ☐

Collector: CRAIG C01997 Telephone No.: _____

Date Collected: 05/10/2019 Time Collected: _____ a.m. _____ p.m.

Field pH: _____ Field Chlorine: NEG

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	2251	EPA900.0	< 2.0	5/14/19	AW	5/15/19
☑	Gross Beta	4100	2251	EPA900.0	< 4.0	5/14/19	AW	5/14/19
☐	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: 5/13/19 Received By: MD

Data Release Signature: [illegible] Date: 5/23/19

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

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED