

C1 08103		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 04 02 12		DATE WELL COMPLETED MM DD YY 03 12 12		COUNTY NUMBER A532523	
ST/CO USE ONLY		DATE RECEIVED MM DD YY 04 02 12		DEPTH OF WELL 22 145 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 12/19/10 SC 140 - 95 - 2226	
OWNER CORN last name		ERIC first name		TOWN Fulton MD		LOT 5	
WELL SITE ADDRESS The ERIC CORN PROP		SECTION -		LOT 5			
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="radio"/> Y no <input type="radio"/> N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft. WHEN PUMPING 29 ft.			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> CO CONCRETE <input checked="" type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 38 60 61 63 64 66 70		TYPE OF PUMP USED (for test) <input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine <input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below) <input type="radio"/> J jet <input checked="" type="radio"/> S submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="radio"/> NO <input checked="" type="radio"/>	
Top Soil 0 2						IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
Sandy 2 25						TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29	
Sand Stone 25 30						CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
MICKA 30 60						PUMP HORSE POWER 37 41	
Sand Stone 60 65						PUMP COLUMN LENGTH (nearest ft.) 43 47	
MICKA 65 145						CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot)	
NUMBER OF UNSUCCESSFUL WELLS: 0		C 2 1 2 DEPTH (nearest ft.) H0 36 145				LATITUDE 39.09660161104 LONGITUDE 76.55298938832 (DEFAULT COORD. WGS 84)	
WELL HYDROFRACTURED yes <input checked="" type="radio"/> Y no <input type="radio"/> N		SCREEN RECORD screen type or open hole insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> BR BRASS <input type="radio"/> HO OPEN HOLE <input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER				NOTES:	
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		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to					
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68					
DRILLERS LIC. NO. M SD 112		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q					
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					
LIC. NO. SD		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

B 1	0964	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER <u>HO-95-2226</u>
1 2 3 6			536029	fill in this form completely

<p>OWNER INFORMATION</p> <p>Date Received (APA) <u>11 10 11</u></p> <p>8 MM DD YY 13</p> <p><u>Conn Eric</u></p> <p>15 Last Name Owner First Name 34</p> <p><u>17701 Huntmaster Ct</u></p> <p>36 Street or RFD 55</p> <p><u>Woodbine Md. 21599</u></p> <p>57 Town 70 State 72 Zip 76</p> <p>DRILLER INFORMATION</p> <p><u>Ralph Mayne</u> M 5 D 11 D</p> <p>Driller's Name 76 License No. 81</p> <p><u>Ralph Mayne Well Drilling</u></p> <p>Firm Name</p> <p><u>17024 Hardy Rd. Mt. Airy Md 21771</u></p> <p>Address</p> <p><u>[Signature]</u> Date <u>11/9/11</u></p> <p>Signature</p> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u></p> <p>8 500 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>14</u> 20</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p> <p>APPROXIMATE DEPTH OF WELL <u>150</u> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 <u>CABLE</u> REVERSE-ROTary Drive-POINT</p> <p>other _____</p> <p>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52</p> <p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER _____ G _____</p> <p>PERMIT No. <u>HO-95-2226</u></p> <p>70 71 72 73 74 75 76 77 78 79</p>	<p>LOCATION OF WELL</p> <p>8 COUNTY <u>Howard</u> 21</p> <p><u>The Eric Conn Property</u> 42</p> <p>23 SUBDIVISION</p> <p>SECTION <u>5</u> LOT <u>5</u></p> <p>44 46 48 50</p> <p><u>HIGHLAND</u> 71</p> <p>52 NEAREST TOWN</p> <p>MILES FROM TOWN (enter 0 if in town) <u>0.2</u></p> <p>73 76 77 78</p> <p>SCAGGSVILLE Rd</p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p><u>1250</u></p> <p>34 37</p> <p>DISTANCE FROM ROAD <u>4</u></p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP: <u>41</u> BLK: <u>13</u> PARCEL <u>199</u></p> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard</u> (13) A532523</p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE _____ INSERT S → 41</p> <p>DATE ISSUED <u>11/28/2011</u> <u>Brian Baker</u> <u>11/28/2012</u></p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <u>483</u> 0 0 0 EAST GRID <u>818</u> 0 0 0</p> <p>50 55 57 63</p> <p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>well</u></p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>4843</u></p> <p>N <u>818</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p><u>SCAGGSVILLE Rd</u></p> <p><u>Private Dr.</u></p> <p><u>620'</u></p> <p><u>well</u></p>
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SPECIAL CONDITIONS Radium Sample Needed

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Well Permit No. HO - 95-2226
Location of property (road) off Scaygsville Rd (Rt 216)
Subdivision The Eric Cown Prop Lot 5 Block Plat Sec.
Well Driller RALPH MAYNE Owner ERIC COWN

Depth of well 145 ft.
Distance of measuring point (M.P.) above ground 2 ft.
Static water level (S.W.L.) below M.P. 15 ft.

Time pump started 8:30 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 29 ft. below M.P.

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410) 313-4771 FAX: (410) 313-2643

Information Form for the Installation of the Well Pump, Pileless Adapter, and Supply Line

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 the final Occupancy approval.

Company Name: James Well and Water Treatment, LLC Telephone: 410-745-5670
Address: 5580 Abrecht Rd
31KPSville, 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. FOOTE License # MSD2226
*A licensed individual must be on site for 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: BMBC Telephone # 410-745-5670
Subdivision: FULTON WOODS Lot # 5 Well Tag # HO-95-27216
Site Address: 12259 Blue Sky Dr
Fulton, MD 21754

Submittable Pump Data
Model: Grundfos Pileless Adapter
Model # 44305422 Make: Cumple II
Pump Capacity: 7 GPM Model: N/A
Well Yield: 10 GPM Depth: 36" (36" min)
Depth of well constructed at time of pump installation: 145' (20') NSE/WSC approved: YES
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4
Torque wrench, cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to hoist rope and spool or other acceptable method inside of well casing: N/A

Piping to house
Type: 1" poly pipe House Connection
PST: 200 (50 psi min) Length of sleeve: 5' minimum from foundation
Depth of supply line: 36" (36" min) Sleeve sealed properly: YES

The water supply line is required to be at least 6 feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: David C. Foote Date: 11/6/19

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

Date Insp. Requested: 11/6/19 Date Insp. Approved: 11/6/19 Inspector: ST
Inspection Data: Pileless adapter, water/tight & water supply line at least 36" below grade ✓ 43"
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 casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 32"
Water supply line sleeved adequately at house connection ✓ 8"
Adequate grout observed below pileless adapter ✓

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 6, 2020

July 6, 2020

Homeowner
12259 Blue Sky Evening Way
Fulton, MD 20759

**RE: Fulton Woods, Lot 5
12259 Blue Sky Evening Way
Building Permit: B19002186
Well Permit: HO-95-2226**

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 **11/27/2019**. Final approval of the well line connection to the dwelling was granted on **11/6/2019**. The well construction was completed on **3/12/2012**. Water samples were collected on **6/23/2020**.

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. 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-95-2226. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

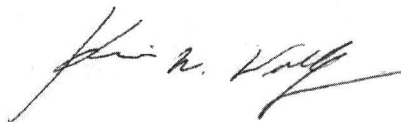
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

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, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

HOME LAND

LABS

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 6/25/2020

Client: Well Water Solutions, Inc.

Property Address: 12259 Blue Sky Evening Way
Fulton, MD

Report No: 188001

Sample Time: 06/23/20 13:00

Date & Time Received: 06/24/20 11:00

Sampled By: John Moseman 6128JM (Exp. 3/14/2022)

Preservation: Ice

Sample Point(s): Well/Sink

Water Conditioning Appears to be: None

Chlorine Residual: 0.0

Field pH: 6.0

Well Type: Drilled

Well Height: 3'

Cap Type: 1-piece

Casing: 6" PVC

Conduit: PVC

Clarity: Clear

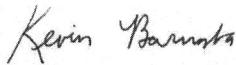
Sand: None Observed

Well Tag Number: HO-95-2226

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	06/25/2020
Bacteria-E.coli	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	06/25/2020
Nitrate + Nitrite as N	EPA 353.2	Not Detected	Pass	mg/l	10	0.5	MAK-353	06/24/2020
Secondary Contaminants								
Parameter	Method	Result	Acceptable /High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	Not Detected	Acceptable	NTU	10	0.5	MAK-353	06/25/2020

BP # B19002186

Approved By



Kevin Barnaba, Lab Director

Chain of Custody Form

HOME LAND

LABS



188001

Date Due: 6/26/20

Client: Well Water Solutions, Inc.

Project:

9106 Philadelphia Road, Suite 106
 Rosedale, MD 21237
 (443) 505-8375
 MD Lab # 353

108 Old Solomons Island Road, Suite L2
 Annapolis, MD 21401
 (410) 224-4304
 MD Lab # 106

3430 Rockefeller Court
 Waldorf, MD 20602
 (410) 224-4304
 MD Lab # 139

Client Name:	WWS
Email Address:	
Phone Number:	

Property Address:	1
	12259 BLUE SKY EVENING WAY
	12259 BLUE SKY EVENING WAY
	FULTON MD

Field Collection Information

Sampler Name:	JOHN R MOSEMAN
Sampler ID #:	0189 JM 3/22
Date and Time Sampled:	6/23 1:00
Well Tag Number:	HO 95 2226

Field pH:	6
Field Chlorine (mg/L):	CLEAR
Sand:	ABSENT
Clarity:	CLEAR

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
3 FT	1 Piece	PVC 6"	PVC
Sample Point:	Water Conditioning:		
WELL/SINK	NONE		

Requested Testing: (Please check all that apply)

BULIDEN CHLORINATED well

- ☒ Potability (Bacteria, Nitrates, pH, Turbidity)
- ☐ FHA/VA (Bacteria, Nitrates, Nitrites, pH, Turbidity, Lead and Iron)
- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nitrates | <input type="checkbox"/> Fluoride | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> VOC | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Saltwater Intrusion | <input type="checkbox"/> Hardness | <input type="checkbox"/> Other: _____ |

List rush samples below

Refer to table for rush turnaround times and fees

Release Signatures

BUILD PERMIT B 19002186

Released By: _____

Date/Time: _____

Released By: _____

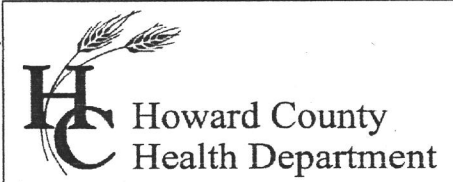
Date/Time: 6/24/20 9:45

Released By: _____

Date/Time: 6/24/20 11:00

Received in lab by: _____

Date/Time: 6/24/20 11:00 am



1
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

April 24, 2012

Mr Eric Conn
17701 Huntmaster Court
Woodbine, Maryland 21797

RE: Fulton Woods Lot 5
Scaggsville Road
Well Tag: HO - 95 - 2226

Dear Mr. Conn:

A sample was collected during a yield test on March 12, 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 5.9 ± 1.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 6.3 ± 1.9 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 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. 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

Send Report To:

Bert Nixon

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

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E002319 13

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: H0952226 No. B: _____ Field Blank Bottle No. 1: FBKW31312 No B: _____

Plant/Site Name: Frig Loop Road / Filton Woods County: Howard

Sample Source: Seagoville Rd - Lot 5 Location: H0-95-2226
(well no, lab sink, sample tap, etc.)

County: ☒ 1 ☒ B Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Community ☐
Non-community ☐
Private ☒
Other ☐

Source (raw water) ☒
Distribution (treated) ☐
MCL ☐

Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Collector: K. Wolf

Telephone No.: 410.313.2645

Date Collected: 3/12/12 Curb

Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

Submitters Code: ☐ ☐

Federal Project: ☐

Field Data: _____
pH _____ Chlorine _____

Remarks: sample pH preserved to 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2319	5.9 ± 1.7	3/15/12	3/16/12
✓	Gross Beta	4100	2319	6.3 ± 1.9	'	
	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: 3/13/12

Supervisor: [Signature]

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

Send Report To:

Bert Nixon

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

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: H0952226 No. B: _____ Field Blank Bottle No. 1: FBKW312 No B: _____

Plant/Site Name: Eric Lee Pond / Fulton Woods County: Howard

Sample Source: Seagoville Rd - Lot 5 Location: H0-95-2226
(well no, lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Community ☐
Non-community ☐
Private ☒
Other ☐

Source (raw water) ☒
Distribution (treated) ☐
MCL ☐

Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Collector: K. Wolf

Telephone No.: 410.313.2645

Date Collected: 3/12/12

Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

Submitters Code: ☐ ☐

Federal Project: ☐

Field Data: _____
pH _____ Chlorine _____

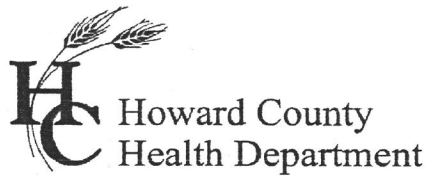
Remarks: sample pH preserved to 4.2-5

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra-226	4020				
	Ra-228	4030				
	Total Uranium	4006				

Date Received: ____/____/____

Supervisor: _____

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



1

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

April 24, 2012

Mr Eric Conn
17701 Huntmaster Court
Woodbine, Maryland 21797

RE: Fulton Woods Lot 5
Scaggsville Road
Well Tag: HO - 95 - 2226

Dear Mr. Conn:

A sample was collected during a yield test on March 12, 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 5.9 ± 1.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 6.3 ± 1.9 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 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. 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

Send Report To:

Bert NixonState 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

E002319 E132

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

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: H0952226 No. B: _____ Field Blank Bottle No. 1: FBKW31312 No B: _____Plant/Site Name: Friar Lane Park / Fulton Woods County: HowardSample Source: Scaggville Rd - Lot 5 Location: H0-95-2226
(well no, lab sink, sample tap, etc.)County: ☒ 1 ☒ 3 Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐Community ☐
Non-community ☐
Private ☒
Other ☐Source (raw water) ☒
Distribution (treated) ☐
MCL ☐Emergency ☐
Routine ☒
Recheck ☐
Special ☐Collector: K. WolfTelephone No.: 410. 313. 2645Date Collected: 3/12/12 CurbTime Collected: 11:30 a.m. _____ p.m.Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☐Submitters Code: ☐ ☐Federal Project: ☐Field Data: _____
pH _____ Chlorine _____Remarks: sample pH preserved to 2.20

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2319	5.9 ± 1.7	3/15/12	3/16/12
✓	Gross Beta	4100	2319	6.3 ± 1.9	'	
	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: 3/13/12Supervisor: [Signature]

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

Send Report To:

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

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E002318 13

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: No. B: Field Blank Bottle No. 1: FBKW31312 No B:

Plant/Site Name: Howard Co. Health Dept County: Howard

Sample Source: Distilled water Location: lab
(well no, lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Community ☐
Non-community ☐
Private ☐
Other ☐

Source (raw water) ☐
Distribution (treated) ☐
MCL ☐

Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Collector: K. Wolf Telephone No.: 410-313-2645

Date Collected: 3/13/12 Time Collected: 8:00 a.m. p.m.

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

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: pH Chlorine

Remarks: Sample preserved pH < 2.0

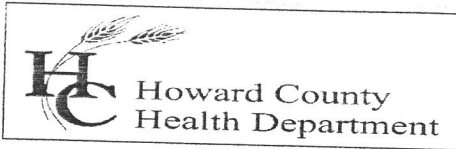
✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2318	< 2.0	3/15/12	3/16/12
✓	Gross Beta	4100	2318	< 4.0	"	
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 3/13/12

Supervisor: mgg

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

ORIGINAL MAILED 3/28/12



invoice

Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: MARCH 28, 2012
DATE OF SERVICE: MARCH 12, 2012
INVOICE #: 2012-004

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

BILL TO Mr. Eric Conn
17701 Huntmaster Court
Woodbine, Maryland 21797

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

DATE	DESCRIPTION	BALANCE	AMOUNT
03/12/2012	Gross alpha/beta testing performed for Fulton Woods, Lots 5 & 6 HO-95-2226 and HO-95-2227		\$90.00
			AMOUNT DUE
			\$90.00

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

REMITTANCE	
Invoice #	2012-004
Site Information	Fulton Woods, Lots 5 & 6
Amount Due	\$90.00
Amount Enclosed	

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

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

REMITTANCE	
Invoice #	2012-005
Site Information	Fulton Woods, Lots 3,4 & P.P.A.
Amount Due	\$135.00
Amount Enclosed	\$135.00

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

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

REMITTANCE	
Invoice #	2012-004
Site Information	Fulton Woods, Lots 5 & 6
Amount Due	\$90.00
Amount Enclosed	\$90.00

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



HOWARD COUNTY HEALTH DEPARTMENT

36797

Received
From

Eric & Karen Conn

PHONE #

DATE
1/15/12

☐ CASH

☒ CHECK

NO.

3865

For

*Yield test Gross Alpha Gross
Beta*

Fulton Woods Lots 3,4,5,6 & P.P.A.

Two hundred twenty-five

Dollars

\$

Send Report To:

Bert NixonHoward County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046State of Maryland
DHMH - Laboratories AdministrationDivision of Environmental Chemistry
RADIATION LABORATORY201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: No. B: Field Blank Bottle No. 1: No B: Plant/Site Name: Howard Co. Health Dept County: HowardSample Source: Distilled water Location: lab
(well no, lab sink, sample tap, etc.)County: ☒ 1 ☒ 3 Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐Community ☐
Non-community ☐
Private ☒
Other ☐Source (raw water) ☒
Distribution (treated) ☐
MCL ☐Emergency ☐
Routine ☒
Recheck ☐
Special ☐Collector: K. WolfTelephone No.: 410.313.2645Date Collected: 3/13/12Time Collected: 8:00 a.m. p.m.Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☐Submitters Code: ☐ ☐Federal Project: ☐Field Data: pH Chlorine Remarks: Sample preserved pH < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: / / Supervisor:

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

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by DWPR LLC
on NOV 6 2011 and is ready for site inspection.
- ☐ _____ will call the Health Department
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

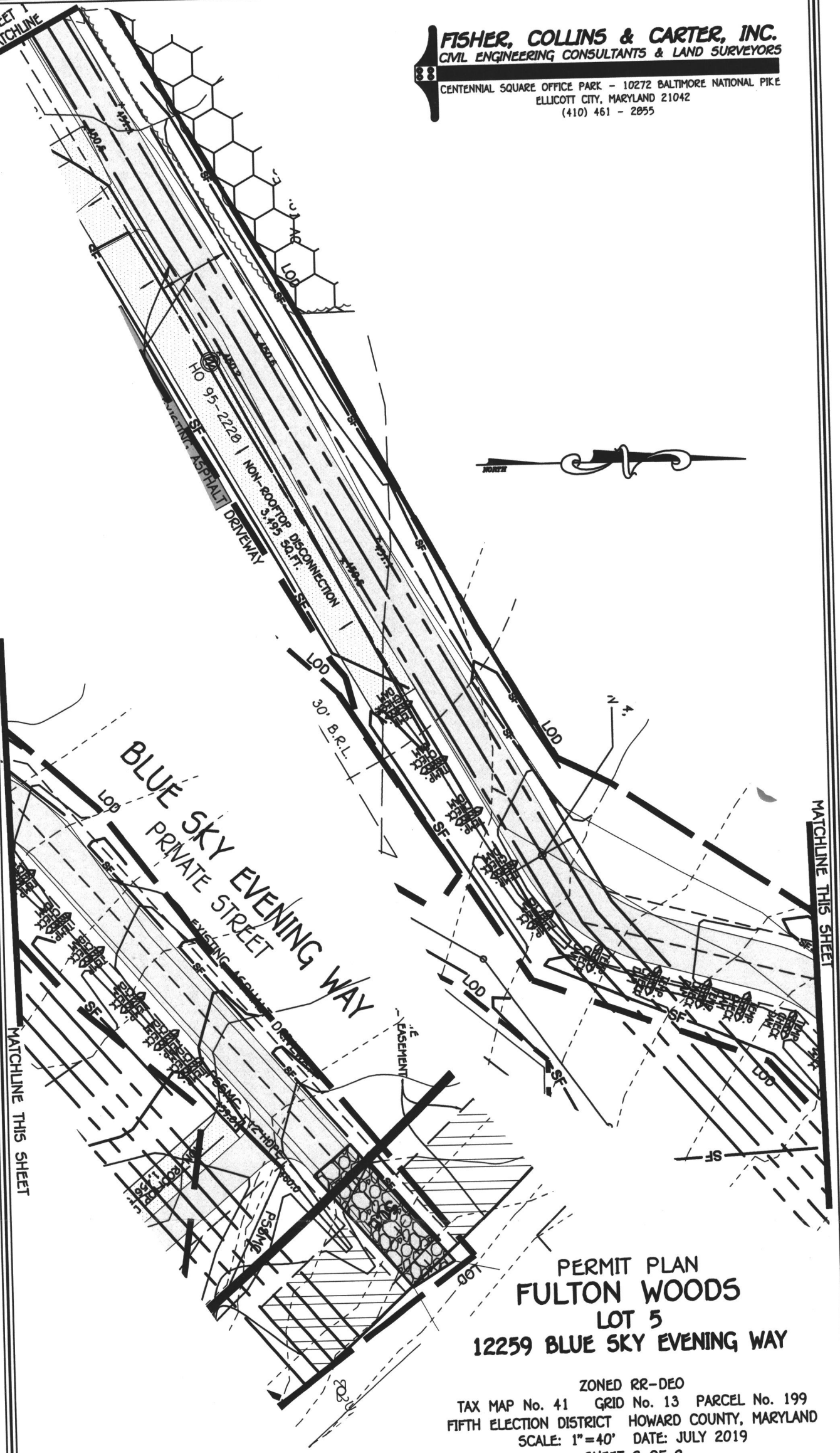
Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN OWNER NAME - ERIC CONN
Sub NAME - ERIC CONN Property
Lot # ~~Parcel~~ Parcel A. -
Lot # 3
Lot # 4
Lot # 5
Lot # 6

SHEET 1
MATCHLINE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855



**PERMIT PLAN
FULTON WOODS
LOT 5**

12259 BLUE SKY EVENING WAY

ZONED RR-DEO
TAX MAP No. 41 GRID No. 13 PARCEL No. 199
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=40' DATE: JULY 2019
SHEET 2 OF 2

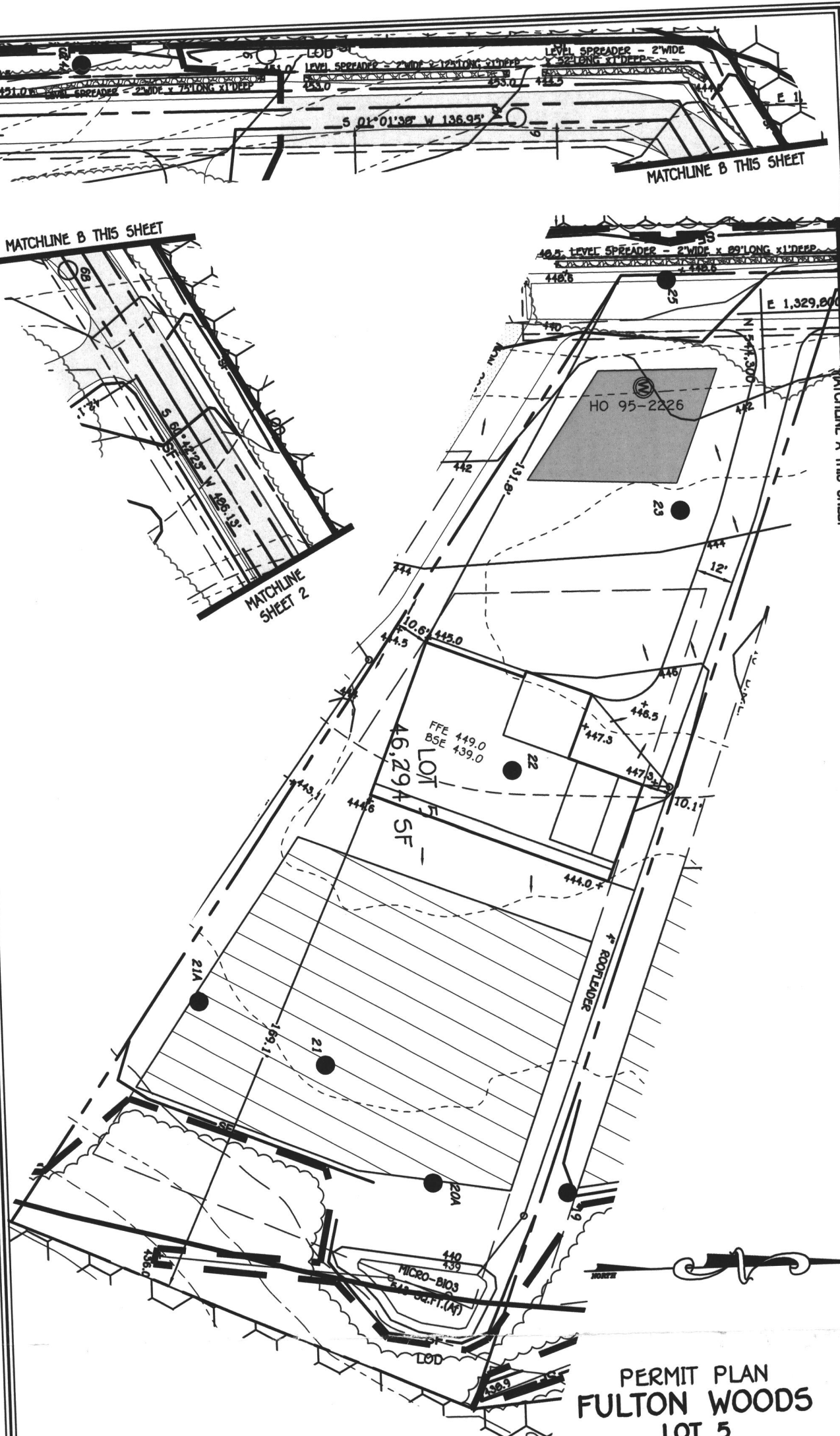
MATCHLINE A THIS SHEET

MATCHLINE B THIS SHEET

MATCHLINE B THIS SHEET

MATCHLINE SHEET 2

MATCHLINE A THIS SHEET



PERMIT PLAN
FULTON WOODS
LOT 5
12259 BLUE SKY EVENING WAY

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2055

ZONED RR-DEO
TAX MAP No. 41 GRID No. 13 PARCEL No. 199
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=40' DATE: JULY 2019
SHEET 1 OF 2