

C105845

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.

COUNTY
NUMBER

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 12 06

DATE WELL COMPLETED
MM DD YY
11 9 12

Depth of Well
22 280 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
12/17/12
H0 95 2415
28 29 30 31 32 33 34 35 36 37

OWNER
WELL SITE ADDRESS
SUBDIVISION

Stewart Kret Homes
Whispering Stream Way
Swings Property

TOWN
Highland

SECTION
LOT 20

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		check if water bearing
	FROM	TO	
Brown Clay	0	3	
Brown	3	34	
Loamy - mica			
Gray Limestone	34	117	
Quartz	117	118	✓
Gray Limestone	181	265	
Quartz	265	266	✓
Gray Limestone	266	280	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC
45 46 45 46

NO. OF BAGS 15 NO. OF POUNDS 110

GALLONS OF WATER 90

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

CASING RECORD
casing types insert appropriate code below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE
ST 06 42
60 61 63 64 66 70

OTHER CASING (if used)
diameter depth (feet)
inch from to

SCREEN RECORD
screen type or open hole

ST BR HO
STEEL BRASS OPEN HOLE
PL BRONZE PLASTIC OTHER

DEPTH (nearest ft.)
1 2 40 42 280

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60

from to

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

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE 19AL

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 120 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 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

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 } LAND SURFACE

- below } 02 (nearest foot)

49 50 51

LATITUDE 39.1833382

LONGITUDE 76.9641224

(DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
Y 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. 1 M SD 009

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 <u>09338</u> <small>1 2 3 6</small>		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>538123-C</u> please type		STATE PERMIT NUMBER <u>HO -95 - 2415</u> <small>70 fill in this form completely 79</small>	
Date Received (APA) <u>09/11/12</u> <small>8 MM DD YY 13</small>				B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>owings Property</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <u>46</u> LOT <u>20</u> <u>48</u> <u>50</u> <u>Highland</u> <small>52 NEAREST TOWN 71</small>			
OWNER INFORMATION <u>Stewart Kiet Homes</u> <small>15 Last Name 34</small> <u>7090 Samuel Morse Dr.</u> <small>36 Street or RFD 55</small> <u>Columbia, md. 21046</u> <small>57 Town 70 State 72 Zip 76</small>				B 4 SOURCES OF DRILLING WATER 1. <u>Winding Stream Way</u> <u>Highland Rd</u> <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W WEST SOUTH 34 <u>250</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>21</u> BLK: <u>12</u> PARCEL _____			
DRILLER INFORMATION <u>Allen Compton</u> <u>M5 D009</u> <small>76 License No. 81</small> <u>Eagles Well Drilling, LLC</u> <small>Firm Name</small> <u>P.O. Box 202 Woodbine, md. 21797</u> <small>Address</small> <u>Allen Compton</u> <u>6-2912</u> <small>Signature Date</small>				B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> <small>1 2 (GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>(GAL. PER DAY) 14 20</small>			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A515214</u> <u>13</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>10/09/2012</u> <u>R-HA</u> <u>10/9/13</u> <small>43 MM DD YY 48 CO SIGNATURE 41 EXP. DATE</small>			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small>				APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>			
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTary JETTED <input type="checkbox"/> AIR-PERCussion Jettied & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTary DRIVE-POINT <input type="checkbox"/> other _____				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 <u>11/9/12</u> <u>radius sample taken</u> <u>42' of casing (not grouted yet)</u> <u>11/9/12 3pm</u> <u>hit bedrock 37'</u> <u>casing into bedrock 6'</u> <u>well depth - 280'</u> <u>hit water @ 217'</u> 			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41 52</small>				Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>HO -95 - 2415</u> <small>70 71 72 73 74 75 76 77 78 79</small>			

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required at yield test

Well Permit No. HO - 95-2415
Location of property (road) Wardling stream way
Subdivision Owings Pro. Lot 20 Block Plat Sec.
Well Driller Foyles Owner S & K Homes

Depth of well 280'
Distance of measuring point (M.P.) above ground R
Static water level (S.W.L.) below M.P. 29'

Time pump started 2:00 Pumping rate 12
Total time 30 min. to reach pumping water level 138 ft. below M.P.

[illegible]

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: Fogles Well Drilling LLC Telephone #: 410 795 5670
Address: PO Box 202
Woodbine, MD 21797

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

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

Name (Print): David C. Fogle License# MSD 226

*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: Stewart Kret Telephone #: 410 984 9023
Subdivision: Owings Property Lot #: 20 Well Tag #: HO-95-2415
Site Address: 1803 Winding Stream Way
Highland, MD 20777

Submersible Pump Data

Make: Grundfos
Model #: 1550E07-180
Pump Capacity: 7 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Cambell
Model #: NA
Depth: 36" (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

Depth of well encountered at time of pump installation: 240 (feet) 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: 1" poly pipe

PSI: 160 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5' minimum from foundation): 6'

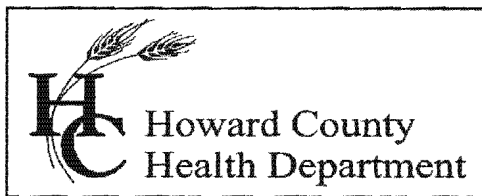
Sleeve sealed properly: YES

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.

Signature of company representative responsible for installation: David Fogle date: 7-22-14

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

Date Insp. Requested: _____ Date Insp. Approved: 7/23/14 Inspector: BBB
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 ☒



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 2, 2015

September 2, 2014

Homeowner

6803 Winding Stream Way, Lot #20
Highland, Maryland 20777

**RE: Owings Property, Lot #20
6803 Winding Stream Way
Building Permit: B13003556
Well Permit: HO-95-2415**

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 **8/21/2014**. Final approval of the well line connection to the dwelling was granted on **7/23/2014**. The well construction was completed on **11/09/2012**. Water samples were collected on **8/8/2014**.

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-95-2415. 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.**

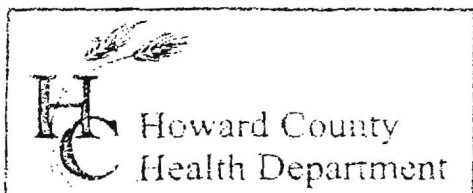
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, R.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

- ☒ The well site has been staked by Jose Bolazo Escalante Engineers
(professional land surveyor or company employing professional land surveyors)
on 8-28-12 (date) and does not require a site inspection.
- ☐ Lot # 17-24
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 6/10/03

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 #: 95908 Account #: 1930
Reference: Steurt & Kret Lot 20 Company: Fogle's Well Drilling
Location: 6803 Winding Stream Lane Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/28/2014 1303 Site: Kitchen Sink Tap ✓
Date/Time Rec'd: 8/28/2014 1425 Treatment: None ✓ ?
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Fogle 1974JF Well #: HO-95-2415

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/29/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/29/2014 / 1030 / LLO

OK
9-2-14
DB

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH tested in lab, chlorine level tested on site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy**Building Permit # :** B13003556Date Reported: 8/29/2014

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 #: 95574 Account #: 1930
Reference: Steurt & Kret Lot 20 Company: Fogle's Well Drilling
Location: 6803 Winding Stream Lane Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/8/2014 1153 Site: Pressure Tank
Date/Time Rec'd: 8/8/2014 1535 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Fogle 1974JF Well #: HO-95-2415

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM18 9223	8/9/2014 / 1600 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/9/2014 / 1600 / BCD
Nitrate	<1.0	mg/L	10	601	8/8/2014 / 1600 / CRS
Turbidity	10.9	NTU	<10	SM18 2130B	8/8/2014 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/8/2014 / 1630 / CRS

NOT OK
9-2-14
JBF

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B13003556

Date Reported: 8/11/2014

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 #: 95832 Account #: 1930
Reference: Steurt & Kret Lot 20 Company: Fogle's Well Drilling
Location: 6803 Winding Stream Lane
Highland, MD 20777 Requested By: Dave Fogle
Source: Well Water
Date/ Time Collected: 8/25/2014 1115 Site: Kitchen Sink Tap ?
Date/Time Rec'd: 8/25/2014 1330 Treatment: None ?
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: J. Fogle 1974JF Well #: HO-95-2415

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	8/26/2014 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/26/2014 / 0930 / LLO

NOT OK
9-2-14

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH tested in lab, chlorine level tested on site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy**Building Permit # :** B13003556Date Reported: 8/26/2014

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 #:	95688	Account #:	1930
Reference:	Steurt & Kret Lot 20	Company:	Fogle's Well Drilling
Location:	6803 Winding Stream Lane	Requested By:	Dave Fogle
	Highland, MD 20777	Source:	Well Water
Date/ Time Collected:	8/18/2014 1303	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/18/2014 1557	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.7
Collected By:	J. Fogle 1974JF	Well #:	HO-95-2415

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223	8/19/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/19/2014 / 1030 / LLO
Turbidity	6.16	NTU	<10	SM18 2130B	8/19/2014 / 1145 / CRS

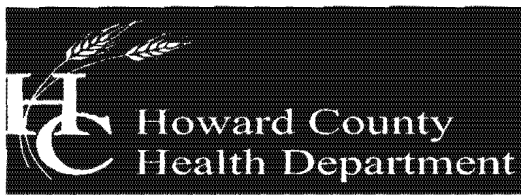
NOT
OK
9-2-14

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 pH tested in lab, chlorine level tested on site
- 6 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy**Building Permit # :** B13003556Date Reported: 8/19/2014

MD State Certification # 133



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

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

February 5, 2013

**Steuart Kret Homes
7090 Samuel Morse Drive
Columbia, Maryland 21046**

**RE: Owings Overlook Lot 20
Winding Stream Way
Well Tag: HO - 95 - 2415**

To Whom it May Concern:

A sample was collected during a yield test on November 9, 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 7.4 ± 2.0 picocuries/liter (pCi/L), while the **Gross Beta** level was 10.6 ± 2.2 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 required to secure the future Use & Occupancy. **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

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HC 2415 No. B: _____ Field Blank Bottle No. 1: HC-0000 No B: _____

Plant/Site Name: Owings Property - Lot 20 County: Howard

Sample Source: Well - Winding Stream Way Location: HD-95-2415
(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: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 11/9/12

Time Collected: _____ a.m. 3pm p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐

Federal Project: 5

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample taken @ field test.

✓	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

