

C1 5213

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing

GROUTING RECORD form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) form with fields for diameter, depth

SCREEN RECORD form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

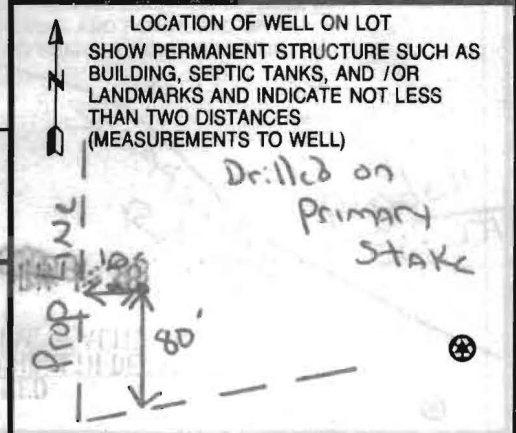
DEPTH (nearest ft.) table with columns 1-51

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 1 3934
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
525578 please type

STATE PERMIT NUMBER
HO - 95 - 6540
fill in this form completely

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Fulton Ridge LLC
15 Last Name Owner First Name 34
6339 Ten Oaks Road
36 Street or RFD 55
Clarksville MD 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Fulton Ridge
23 SUBDIVISION 42
SECTION 44 46 LOT 6 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION
Michael D. Isom M S D 162
Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature Date 9/19/06

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH NE EAST WEST SW S SE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
34 300 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 41 BLK: 13 PARCEL 2

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

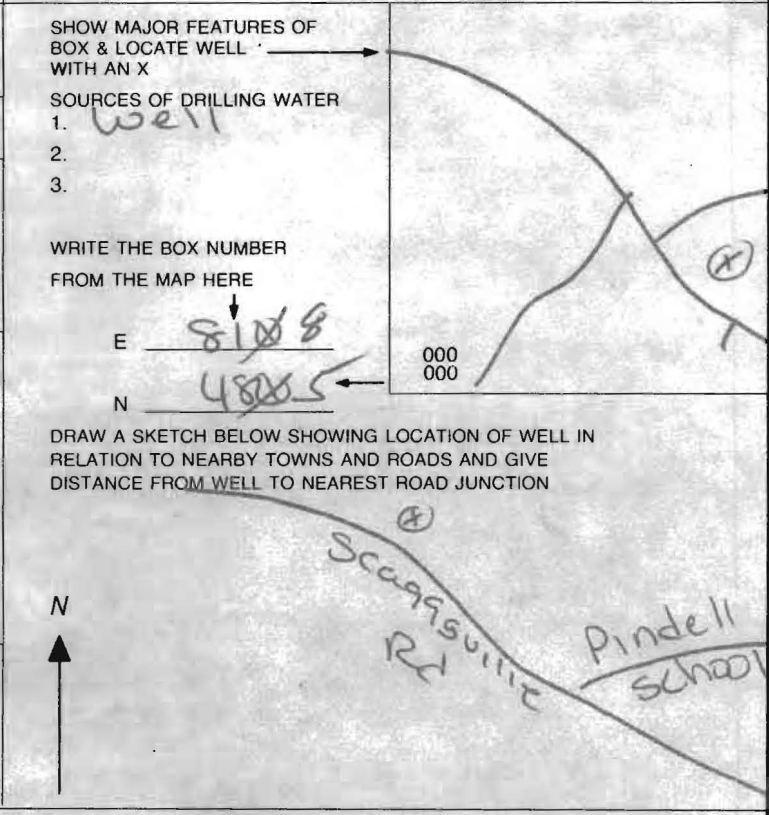
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard AS17396
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/16/06 10/16/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 485 000 EAST GRID 818 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 24 28 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO 2006 G 015
PERMIT No. HO - 95 - 0540
70 71 72 73 74 75 76 77 78 79



BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave
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): Robert L Feezer License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Dustin Hill Telephone #: 443-309-7831
Subdivision: Fulton Ridge Lot #: 6 Well Tag #: HO-95-0540
Site Address: 2131 Fulton Ridge Dr
Fulton, md 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>S7P4H505221</u>	Model #: <u>PT800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L. Feezer date: 11/11/09

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

Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well 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
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Fulton Ridge Lot #: 6 Well Tag #: HO-95-0540
Site Address: 12131 Fulton ridge Dr.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required – Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

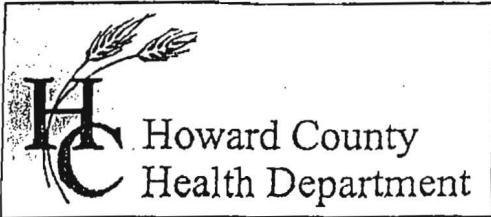
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 9/1/09 Date Insp. Approved: 9/1/09
Inspection Data: Pitless adapter and 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 installed inside of well 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



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

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 LDE, Inc
on 9/22/06 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

Send Report To:

Bert Nixon

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: 40-95-0540 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Fulton Ridge County: Howard

Sample Source: Lot 6 Location: 40-95-0540
(well no., lab sink, sample tap, etc.)

County: 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: Kenn Wolf

Telephone No: 410-313-1773

Date Collected: 12/4/06

Time Collected: 11:45 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____

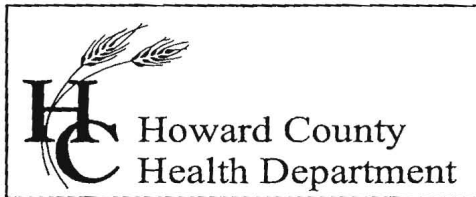
pH _____ Chlorine _____

Remarks: Sample Taken @ Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	1078	31 ± 3	12/08/06
✓	Gross Beta	4100	1078	22 ± 3	✓
	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: 12/1/07

Supervisor: S. Wise



Bureau of Environmental Health
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

December 27, 2006

Fulton Ridge, LLC.
Attn; Harold Bernardzikowski
6339 Ten Oaks Road
Clarksville Maryland 21029

RE: Fulton Ridge, Lot 6
Well Tag: HO-95-0540

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 31.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 22.0 ± 3.0 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 target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

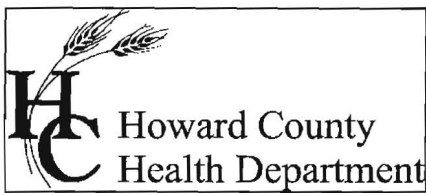
Since the **Gross Alpha** finding exceeded its MCL, additional testing for **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results confirming that levels are in conformance with existing standards. **Additionally**, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process. Moreover, keep in mind that the standard potability parameters required for occupancy will still be needed.

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, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

December 4, 2009

Homeowner
12131 Fulton Ridge Drive
Fulton, MD 20759

SENT BY FACSIMILE 410-489-5684

RE: Fulton Ridge, Lot 6
12131 Fulton Ridge Drive
BP #: B09001421
Well Permit # HO-95-0540

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/13/2009. Final approval of the well line connection to the dwelling was approved on 09/01/2009.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Also, Gross Alpha and Beta samples were collected on 12/04/2006 and the results for Gross Alpha were above the maximum contamination level, while the Gross Beta level was below the maximum contamination level. **A treatment device must be installed and water must be retested within 30 days.** See Radium Agreement.

Along with the 30 days, we will need to confirm the turbidity level, which was previously sampled on 11/16/09 and 11/30/09 that resulted in a 14 NTU drop. High turbidity can be a result of discolored iron in excess of EPA recommendations. Currently the MCL for turbidity is 10 NTU.

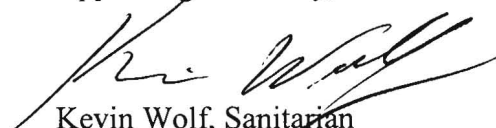
TEMPORARY DEVIATION FOR RADIUM

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-95-0540. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/16/2009 & 11/30/2009
Gross Alpha & Gross Beta: 12/04/2006
Date of Radium Test: TO BE TESTED
Date of Well Completion: 10/23/2006

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



CERTIFICATE OF ANALYSIS

Requester:
 Mr. Dustin Hill
 12131 Fulton Ridge Drive
 Fulton, Maryland 20759

S/O Number: 74936
Report Date: December 23, 2009

Property Sampled: 12131 Fulton Ridge Drive

County: Howard
Subdivision: Fulton Ridge
Lot #: 6
Building Permit#: 9001421

Tax Map #: 41
Parcel #: 506

Date/Time Collected: November 30, 2009 at 10:00 am
Date/Time Received: November 30, 2009 at 3:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9813AM

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0540
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Radium 226	3.4 +/- 0.3 pCi/L	EPA 903.1	0.2 pCi/L	HIGH
Radium 228	12.3 +/- 1.4 pCi/L	EPA Ra-05	1.1 pCi/L	HIGH
Uranium	0.8 +/- 0.7 pCi/L	EPA 908.0	0.7 pCi/L	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Mr. Dustin Hill
 12131 Fulton Ridge Drive
 Fulton, Maryland 20759

S/O Number: 74936
Report Date: December 1, 2009

Property Sampled: 12131 Fulton Ridge Drive, Retest

County: Howard
Subdivision: Fulton Ridge
Lot #: 6
Building Permit#: 9001421

Tax Map #: 41
Parcel #: 506

Date/Time Collected: November 30, 2009 at 10:00 am
Date/Time Received: November 30, 2009 at 3:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9813AM

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

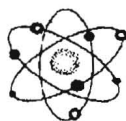
Well Tag Number: HO-95-0540
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	*SMCL	
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass

↳ Test done w.o. treatment, per Kara at Trace Labs.

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
Client Contact:	Allison Milburn	12/01/09 11:35	0912001
Client P.O.	5770		
Project I.D.	74936		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0912001-01	74936 12131 Fulton Ridge Drive	11/30/2009 10:00	Ra226, Ra228, U

Analysis Results

Radium 226	3.4	Radium 228	12.3
Error +/-	0.3	Error +/-	1.4
MDL	0.2	MDL	1.1
EPA Method	903.1	EPA Method	Ra-05
Prep Time	12/04/09	Prep Time	12/04/09
Prep Date	07:25	Prep Date	07:25
Analysis Date	12/10/09	Analysis Date	12/10/09
Analysis Time	12:44	Analysis Time	13:13
Analyst	MJN	Analyst	PJ
Uranium	0.8		
Error +/-	0.7		
MDL	0.7		
EPA Method	908.0		
Prep Date	12/11/09		
Prep Time	13:45		
Analysis Date	12/12/09		
Analysis Time	08:24		
Analyst	MJN		
Units	pCi/l	Units	pCi/l



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Mr. Dustin Hill
 12131 Fulton Ridge Drive
 Fulton, Maryland 20759

S/O Number: 74803
Report Date: November 17, 2009

Property Sampled: 12131 Fulton Ridge Drive

County: Howard
Subdivision: Fulton Ridge
Lot #: 6
Building Permit#: 9001421

Tax Map #: 41
Parcel #: 506

Date/Time Collected: November 16, 2009 at 12:15 pm
Date/Time Received: November 16, 2009 at 1:10 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9813AM

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0540
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	14.0 NTU	EPA 180.1	*10 NTU	HIGH
pH	7.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

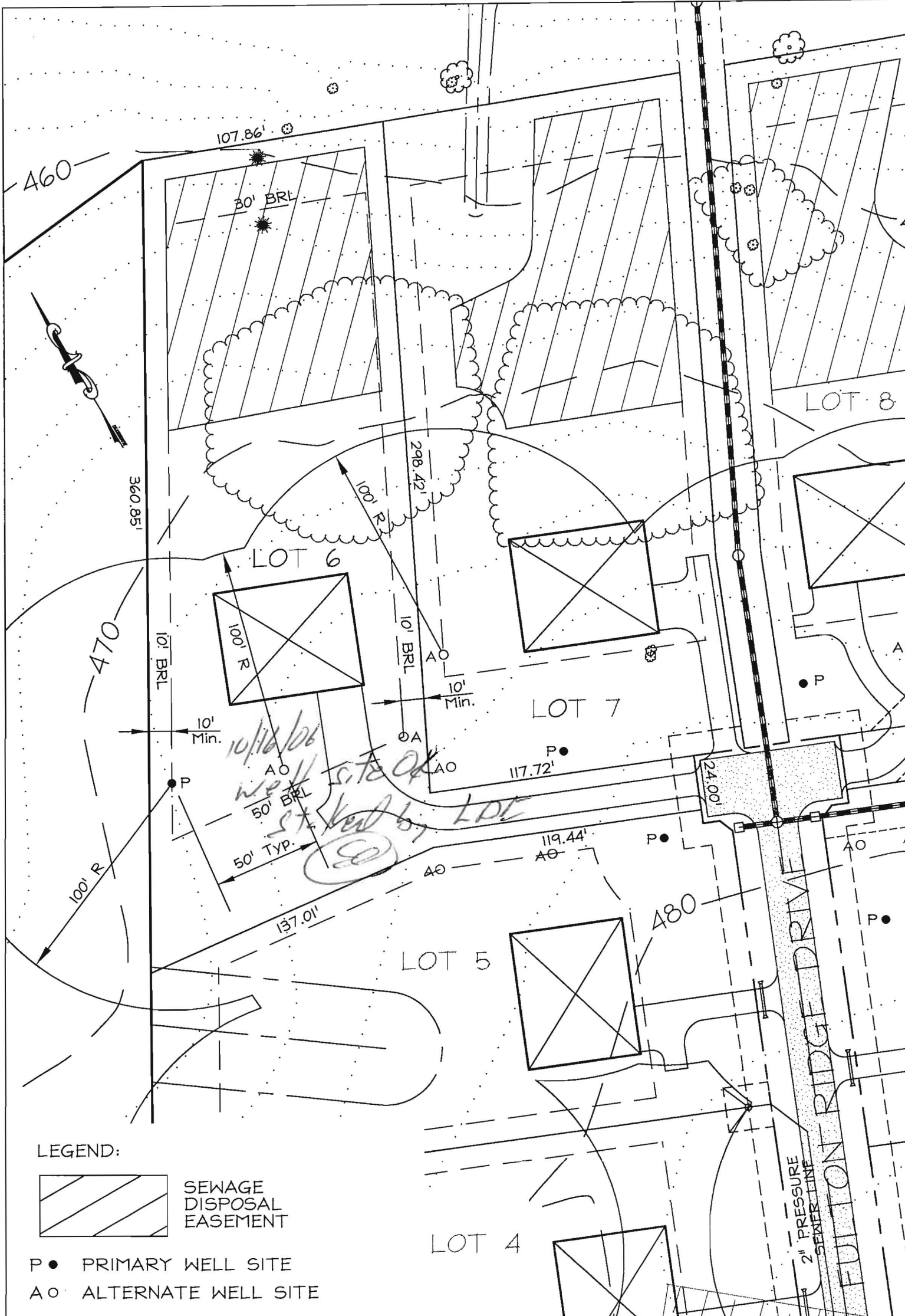
IRON

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

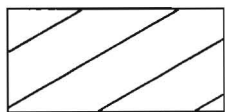
*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



*10/16/06
well site OK
stacked by LDE*

LEGEND:



SEWAGE
DISPOSAL
EASEMENT

- P ● PRIMARY WELL SITE
- A ○ ALTERNATE WELL SITE

EXHIBIT FOR WELL PERMIT
FULTON RIDGE
LOT 6

5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

DRAWN BY: G.D.W.	DATE: 9/05/06	SHEET: 6 OF 14
CHECKED BY: B.D.B.	LDE JOB NO: 02-017.4	FILE NO:
SCALE: 1" = 50'		

LDE INC.

Planning/Engineering/Surveying
9250 Rumsey Road Suite 106/Columbia, Maryland/21045
(410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX



Howard County
Health Department

Bureau of Environmental Health
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

Friday, December 08, 2006

Scan with On-site Sewage Disposal
Installation Permits for these lots

MEMORANDUM

To: FILE

From: Stuart F. Oster
Well and Septic Program

Re: Wells

1. At WPI, look closely at the grout below the pitless. The Completion reports seem to indicate that the grout may be short. The well driller indicated that the side wall of the holes was caving and this caused the shortage.
2. Yield and grouts were not called in (except for 14).
3. Wells are in Radium testing area. May need retests for ICOP.