

C1 16637 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 350

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 14 - 0009

OWNER m.B. Highland Reserve WELL SITE ADDRESS Pleasant Springs of TOWN Highland SUBDIVISION Reagan Property SECTION LOT 15

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray Limestone, White, Gray Limestone, and Gray White.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth of main casing (42).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 42, 350.

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (1.2), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (8 ft before, 167 ft when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) 42, 350, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (56-60).

LATITUDE 39.1852760, LONGITUDE 76.7971234, (DEFAULT COORD. WGS 84)

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. 1 M Sp 009, DRILLERS SIGNATURE (Allen Hampton), LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 20716  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
5463064 please type

STATE PERMIT NUMBER

HO-14-0007  
70 fill in this form completely 79

Date Received (APA)

04/10/14  
8 MM DD YY 13

OWNER INFORMATION

MB Highland Reserve LLC  
15 Last Name Owner First Name 34  
1686 E. Conde Dr  
36 Street or RFD 55  
Rockville Md 20850  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21  
Regan Property  
23 SUBDIVISION 42  
SECTION 44 46 LOT 15 48 50  
Highland  
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009  
76 Driller's Name License No. 81  
Foote Well Drilling, LLC  
Firm Name  
P.O. Box 202 Woodbine Md 21797  
Address  
Allen Compton 4-10-14  
Signature Date

B 4

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

Pleasant Springs Ct  
Point Ridge Dr  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
W 32 E  
WEST EAST  
34 400 37 SOUTH  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard A530307 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 05/27/2014  
43 MM DD YY 48 CG SIGNATURE EXP. DATE 5/27/15 41

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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 DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED  
(IF AVAILABLE) 41 \_\_\_\_\_ 52

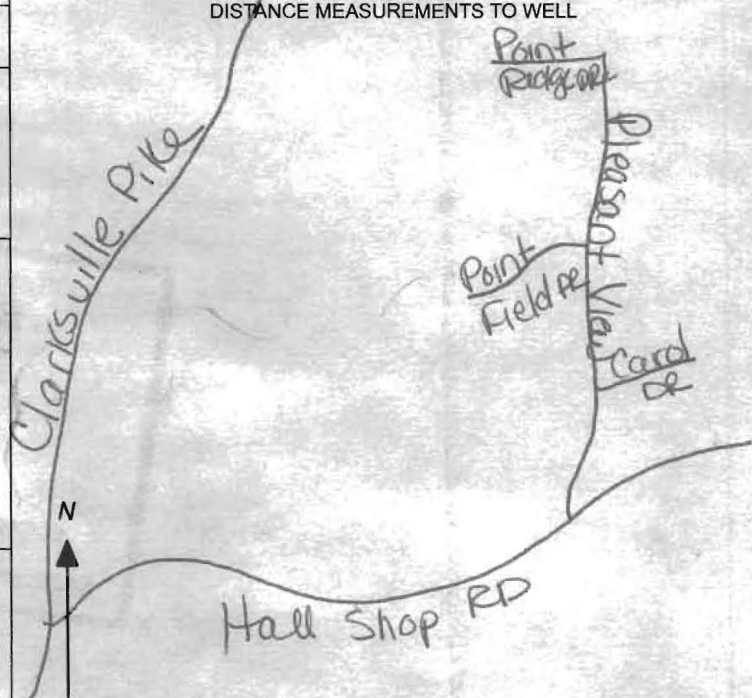
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 2014 G 003  
PERMIT No. HO-14-0007  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14-0007  
 Location of property (road) Pleasant Springs CT.  
 Subdivision Regan Pk. Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles Owner MB Highland Reserve

Depth of well 350'  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 8

I. High rate pumping -- reservoir drawdown  
 Time pump started 7:30 Pumping rate 12  
 Total time 30 MIN. to reach pumping water level 167 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	8	5		12
7:45	89	5		12
8:00	167	6		10
8:15	167	50		1.2
8:30	167	50		1.2
8:45	167	50		1.2
9:00	167	50		1.2
9:15	166	50		1.2
9:30	166	50		1.2
9:45	165	50		1.2
10:00	165	50		1.2
10:15	164	50		1.2
10:30	164	50		1.2
10:45	163	50		1.2
11:00	163	50		1.2
11:15	162	50		1.2
11:30	162	50		1.2
11:45	161	50		1.2
12:00	161	50		1.2
12:15	160	50		1.2
12:30	160	50		1.2
12:45	159	50		1.2
1:00	159	50		1.2



DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	<b>20716</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 546306-4 please type	STATE PERMIT NUMBER
1 2 3 6				HO-14-0007 70 fill in this form completely 79

Date Received (APA) 04/10/14  
8 MM DD YY 13

**OWNER INFORMATION**

15 Last Name MB Highland Reserve LLC Owner First Name MB Highland Reserve LLC 34

36 Street or RFD 1686 E. Guide Dr 55

57 Town Rockville Md 70 State MD 72 Zip 20850 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Reagan Property 42

SECTION 44 46 LOT 15 48 50

52 NEAREST TOWN Highland 71

**DRILLER INFORMATION**

Driller's Name Allen Compton 76 License No. M S D 009 81

Firm Name Fogle Well Drilling, LLC

Address P.O. Box 202 Woodbine Md 21797

Signature Allen Compton Date 4-10-14

B 4 **SOURCES OF DRILLING WATER**

1. Pleasant Springs Ct

2. Point Ridge Dr 30

3. \_\_\_\_\_

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 400 37

DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

B 2 **WELL INFORMATION**

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

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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 05/27/2014 43 MM DD YY 48

CO SIGNATURE [Signature] EXP. DATE 5/27/15 41

APPROXIMATE DEPTH OF WELL 300 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)

47 CABLE  REVerse-ROTary  DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROX. PERMIT NUMBER HO20140003

PERMIT No. HO-14-0007 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**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: NATIONAL WATER SVC Telephone #: 301-854-1333  
Address: P.O. Box 138  
Ashtone MD 20861

(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 RYCKE License# PI 0145

\*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: Mitchell & Best Telephone #: \_\_\_\_\_  
Subdivision: HIGHLAND RESERVE Lot #: 10 Well Tag #: HO-14-0001  
Site Address: 1214 PLEASANT SPRINGS CT  
FULTON MD

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
-------------------------------------	-------------------------------	---

Make: <u>GRUNDFOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP 216 76PM</u>	Model#: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.2</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: 350 (feet) Conduit secured to well cap:

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 CPS

Safety rope, if used, attached to inside of well casing with eye bolt N/A

**Piping to house**

Type: Poly  
PSI: 110 (160 psi min)  
Depth of supply line: 4' (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5'  
Sleeve caulked and 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

3/30/16  
date

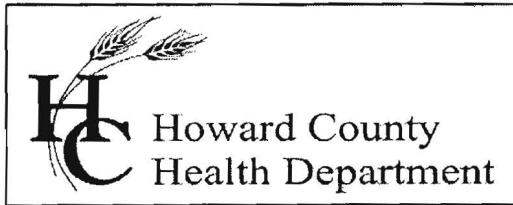
**For Health Department Use Only - Not to be completed by Installer**

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 \_\_\_\_\_

Cap secured to casing at least 18" below grade/attached to cap properly \_\_\_\_\_



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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**  
**PERMANENT DEVIATION FOR RADIUM**  
Expiration Date – OCTOBER 29, 2016

April 28, 2016

Homeowner  
12214 Pleasant Springs Court  
Fulton, MD 20759

**RE: Highland Reserve, Lot 15**  
**12214 Pleasant Springs Court**  
**Building Permit: B15004497**  
**Well Permit: HO-14-0007**

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 **4/28/2016**. Final approval of the well line connection to the dwelling was granted on **4/28/2016**. The well construction was completed on **6/30/2014**. Water samples were collected on **4/12/2016**.

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 **6/24/2014**. Results showed a Radium 226 level of **23.8 ± 3.4 pCi/L** and Radium 228 level of **16.5 ± 2.5 pCi/L**. **This exceeds the maximum contaminant level (MCL) combined Radium 226 and 228 of 5.0 pCi/L.**

After installation of a radionuclide removal device (Reverse Osmosis), post-treatment water samples were collected on **4/15/2016** and indicated a Radium 226 of **<0.2 pCi/L**, a Radium 228 of **0.8 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

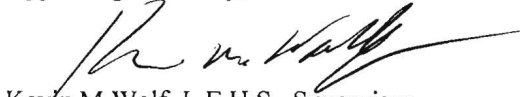
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0007. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

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

Approving Authority,



Keyin M Wolf, L.E.H.S., Supervisor.  
Groundwater Management Section  
Well & Septic Program

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



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura Rossman, M.D., Health Officer

February 12, 2015

MB Highland Reserve, LLC  
1686 Gude Drive  
Rockville, Maryland 20850

RE: Regan Property Lot 15  
Pleasant Springs Court  
Well Tag: HO - 14 - 0007

To Whom it May Concern:

A sample was collected during a yield test on June 24, 2014 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  $23.8 \pm 3.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $16.5 \pm 2.5$  pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **does not meet** EPA regulatory standards. Given the elevated reading for **Gross Alpha**, additional testing for **these parameters** will be required to secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

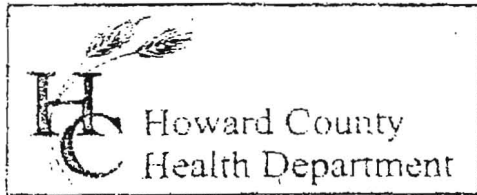
Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

✓ Enclosure

cc: Property 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

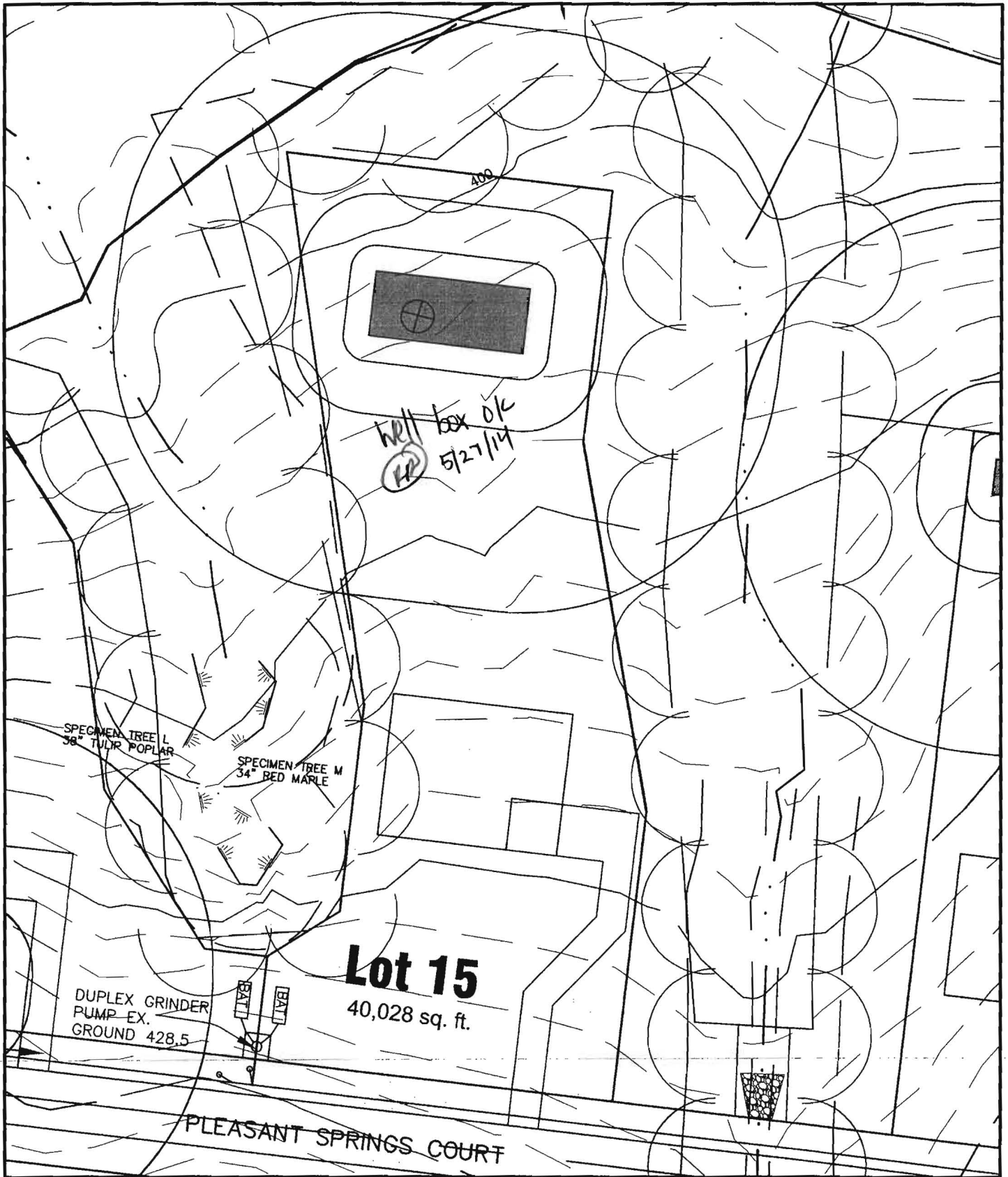
TO ALL INTERESTED PARTIES

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 Benchmark Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 4-4-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT**  
**REGAN PROPERTY**  
 LOT 15

FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 3/11/2014



# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

*State Certified Water Quality  
Laboratory # 106*

*State Certified Water Quality  
Laboratory # 139*

## Certificate of Analysis

Well Water Solutions, Inc.  
5163 Darting Bird Lane  
Columbia, MD 20144

Project  
Date Received 4/15/2016  
Date Reported 4/27/2016

Sample No: 136846-01

Sampled: 4/15/2016 11:30:0

Sampler: JMoseman0130J (Exp. 3/9/2019)  
M

Location: 12214 Pleasnt Springs Court  
Fulton, MD 20738

Preservation: HNO<sub>3</sub>, pH < 2

Sample Point: Kitchen Treated Water

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium 226	EPA 903.1	<0.2		pCi/l	0.2	04/26/2016	FRC-
Radium 228	EPA Ra-05	0.8		pCi/l	0.7	04/26/2016	FRC-
Gross Alpha-Radium	EPA 900.0	3.0		pCi/l	1.9	04/20/2016	FRC-

If Gross Alpha Radium results are below 5 pCi/L no further action is recommended. If between 5-15 pCi/L further testing for Radium 226 and 228 is recommended. If Gross Alpha Radium result exceeds 15 pCi/L consider a water treatment system. The combined MCL for R-226 and R-228 is 5 pCi/L

Approved By



Daniel J. Brumsted, Laboratory Director

Annapolis

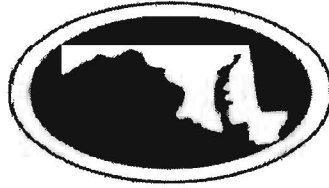
Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

*State Certified Water Quality  
Laboratory # 106*

*State Certified Water Quality  
Laboratory # 139*

## Certificate of Analysis

Well Water Solutions, Inc.  
5163 Darting Bird Lane  
Columbia, MD 20144

Project  
Date Received 4/12/2016  
Date Reported 4/15/2016

Sample No: 136707-01      Sampled: 4/12/2016 8:45:00      Sampler: JWalker9006JW (Exp. 8/6/2018)  
Location: 12214 Pleasant Springs Court      Preservation: Ice  
Fulton, MD Lot 15      Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		04/12/2016	DB-139
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		04/12/2016	DB-139
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	04/13/2016	DB-139
Turbidity	EPA 180.1	Not Detected		NTU	0.5	04/14/2016	RM-139

Field Test for chlorine are reported on the attached COC form. "NT" means Not Tested.

This sample was collected prior to treatment.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

SEND REPORT TO: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

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

Lab No.

0002876 325

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Regan Property - Lot 15

County: Howard

Sample Source: HC0007

Location: HO-14-0007

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

County 13

Plant No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CHECK (one per Box)

Type
Drinking Water <input checked="" type="checkbox"/>
Landfill <input type="checkbox"/>
Stream <input type="checkbox"/>
Other _____ <input type="checkbox"/>

Service
Community <input type="checkbox"/>
Non-Community <input type="checkbox"/>
Private <input checked="" type="checkbox"/>
Other _____ <input type="checkbox"/>

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

Testing
Emergency <input type="checkbox"/>
Routine <input checked="" type="checkbox"/>
Recheck <input type="checkbox"/>
Special <input type="checkbox"/>

Submitters Code: [ ] [ ]

Federal Project: 5

Collector: R. Rappoport

Telephone No.: 410-313-1781

Date Collected: 6/24/14

Time Collected: 9:00 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Sample taken @ yield test.

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2876	EPA 900.0	23.8 ± 3.4	6/26/14	CWS	6/27/14
<input checked="" type="checkbox"/>	Gross Beta	4100	2876	"	16.5 ± 2.5			
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 06/25/14

Received By: C. Watty-Boyd

Data Release Signature: Deborah Miller-Judd

Date: 6/27/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

SEND REPORT TO: Bert Nixon  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

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

Lab No.  
1002875 525

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Howard County Health Dept County: Howard  
 Sample Source: HC0000 (Field blank) Location: lab  
 (Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: S  
 Collector: R. Rappaport Telephone No.: 410-313-1781  
 Date Collected: 6/24/14 Time Collected: \_\_\_\_\_ a.m. 3:00 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No   
 Remarks: Sample taken in lab w/ distilled water

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2875	EPA 9000	<2.0	6/26/14	CWB	6/27/14
<input checked="" type="checkbox"/>	Gross Beta	4100	2875	"	<4.0			
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								

Date Received: 06/25/14 Received By: C. WATY-Boyd  
 Data Release Signature: [Signature] Date: 6/27/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH < 2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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