

3784

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A516084

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4006

OWNER Winchester Homes STREET OR RFD Hunters View Road TOWN Ellicott City SUBDIVISION Riverwood SECTION 1 LOT 5

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like topsoil, orange/brown rocky clay, brown rocky clay, Sandstone, brown mica, brownish gray slate, blueish gray slate, Sandstone, Limestone, Sandstone, Limestone, Blue slate, Green slate, Limestone, Sandstone, Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO. TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC. NO. OF BAGS 31 NO. OF POUNDS 180. GALLONS OF WATER 180. DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 63. Total depth of main casing (nearest foot) 62.

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER.

Table for SCREEN RECORD with columns: DEPTH (nearest ft.), A, C, H, S, R, E, E, N. Includes slot size and diameter of screen information.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 M D 042

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 2 W D 727

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

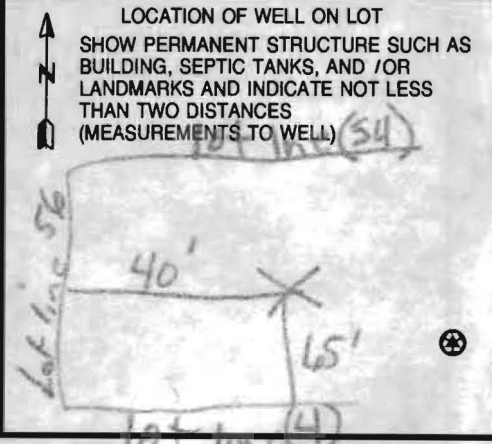
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 6.6. METHOD USED TO MEASURE PUMPING RATE. WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 160 ft. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 2 (nearest foot).



B 1 **9708** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-94-4006**  
 1 2 3 6 **APPLICATION FOR PERMIT TO DRILL WELL** **70 fill in this form completely 79**  
**520762** please type

Date Received (APA) **9757**  
 8 MM DD YY 13  
**Winchester Homes, Inc** OWNER INFORMATION  
 15 Last Name Owner First Name 34  
**6905 Rockledge Drive, Suite 800**  
 36 Street or RFD 55  
**Bethesda, Md 20817**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**  
 8 COUNTY 21  
**Riverwood**  
 23 SUBDIVISION 42  
 SECTION 1 LOT 5  
 44 46 48 50  
**Clarksville**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 3 M I  
 73 76 77 78

**DRILLER INFORMATION**  
**George F. Easterday** M W D **040**  
 Driller's Name 76 License No. 81  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., MT. Airy, Md. 21771**  
 Address  
 Signature *George F. Easterday* Date **6/28/04**

B 4 **Hunters View Road**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 350 37  
 DISTANCE FROM ROAD Ft. 38 39  
 ENTER FT OR MI  
 TAX MAP: 29 BLK: 4 PARCE: 20+28

B 2 **WELL INFORMATION**  
 1 2 **5**  
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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

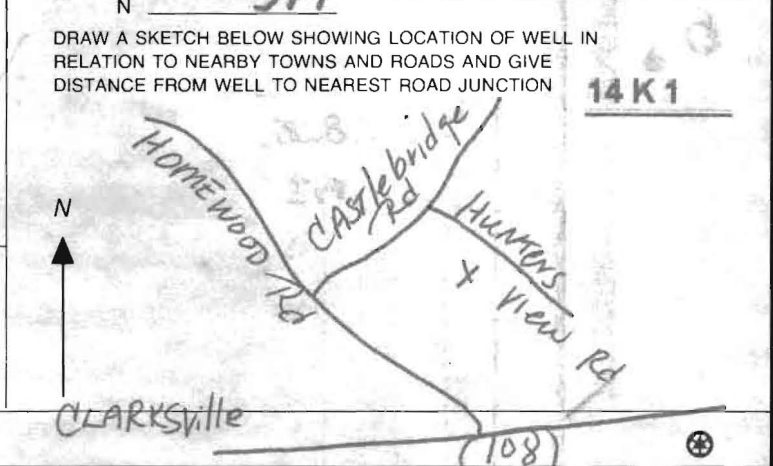
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** **(13)** **A516084**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S →  
 DATE ISSUED **8/20/2004** *Bruin Baber* **8/20/2005**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **514** 0 0 0 EAST GRID **828** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. wells  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 828 000  
 N 514 000

**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 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)**  
 APPROP. PERMIT NUMBER **HO 2004G007**  
 PERMIT No. **HO-94-4006**  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	154 FT	9 sec	5800	6.6
10:00	154 FT	9 sec		6.6
10:15	154 FT	9 sec		6.6
10:30	154 FT	9 sec		6.6
10:45	154 FT	9 sec		6.6
11:00	154 FT	9 sec		6.6
11:15	154 FT	9 sec		6.6
11:30	154 FT	9 sec		6.6
11:45	154 FT	9 sec		6.6
12:00	154 FT	9 sec		6.6
12:15	154 FT	9 sec		6.6
12:30	154 FT	9 sec		6.6

Tested by Dike

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

I. High rate pumping -- reservoir drawdown  
 Time pump started 7:00  
 Pumping rate 15 GPM  
 Total time 30 min to reach pumping water level 159 ft. below M.P.

Depth of well 400 80m  
 Distance of measuring point (M.P.) above ground 112 ft  
 Static water level (S.W.L.) below M.P. 54 ft

Well permit No. HO - 94-4006  
 Location of property (road) Hunters View Road  
 Subdivision Riverwood  
 Well driller Fosterday  
 Owner Winchester Homes  
 Lot 5 Block 1  
 Plat Sec. 1

FIELD DATA SHEET  
 HOWARD COUNTY WELL YIELD TEST  
 8:30

10-1-04

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**WATER AND SEWERAGE PROGRAM**  
**TEL: (410)313-2640 FAX: (410)313-2648**



**FAXED**  
**2-20-08**

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 SERVICE Telephone #: 313-854-1333  
 Address: PO BOX 138  
ASHTON

(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 #: PL 0145

\*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: WINCHESTER HOMES Telephone #: \_\_\_\_\_  
 Subdivision: Chamberlay River Wood Lot #: 5 Well Tag #: HO-94-4006  
 Site Address: 11057 HUNTER VIEW RD  
ELICOTT CITY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDIGS</u>	Make: <u>BIL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>153BE10-25D</u>	Model #: <u>PA100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6.6</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</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, 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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>BLA PVC</u>	PVC sleeve to undisturbed soil at well penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 2/20/08

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

Date Insp. Requested: 10/4/07 Date Insp. Approved: 3/4/08 Inspector: (K)  
 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 seen 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



Howard County  
Health Department

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 Benchmark Engineering on June '04 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 Winchester Homes

<u>LOTS</u>	<u>1-10</u>	<u>Phase I</u>
	<u>12-23</u>	<u>Riverwood</u>
	<u>34-41</u>	

All are staked



# Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Haffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # 278

Lab Sample I.D.: 0705233-04

Client Sample I.D. 63651 (Lot#5)

*- RIVERWOOD  
ELICOTT CITY*

Sample Date / Time: 04/11/05 15:05

Results:

Gross Alpha:	<2.3	Gross Beta:	5.7
Error +/-:	1.7	Error +/-:	1.4
MDL:	2.3	MDL:	1.9
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	06/01/07	Prep Date:	06/01/07
Analysis Date:	06/04/07	Analysis Date:	06/04/07
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

*Treatment  
water Softener / restart*

Temporary Radium Agreement

A review of records indicates that required sampling for Gross Alpha & Gross Beta was not performed during the well yield test for Lot 5, Riverwood, (11059 Hunters View Rd)

Properties not tested or initially found to have an elevated Gross Alpha and/or Gross Beta, are required to have appropriate treatment installed and additional testing performed.

No radium testing has been done to date. Water must be sampled, and treatment device will have to be installed if radium levels are above the EPA standards.

Since all other sampling, construction and inspection requirements have been satisfied, an Initial Certificate of Potability (ICOP) will be issued with the following addendum and agreement:

If the results for the initial Gross Alpha, Gross Beta and Radium are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the Final Certificate of Potability (FCOP).

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the Gross Alpha, Gross Beta and Radium results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the FCOP.

The undersigned have read and agreed with the provisions as established above.

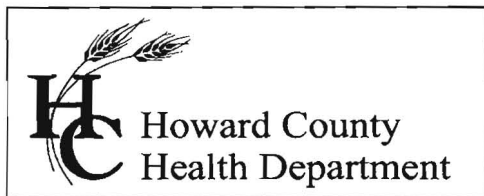
[Signature] 3/6/08  
Owner Date

\_\_\_\_\_  
Owner Date

[Signature] 03/07/08  
Builder/Representative Date

[Signature] 3/11/08  
Health Department Representative Date

NOTE: To satisfy ICOP requirements, NEED:  
pre treatment Gross Alpha, Beta & Radium 226/228  
plus  
post treatment radium 226/228



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

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 28, 2007

Homeowner  
11059 Hunters View Road  
Ellicott City, MD 21042

RE: Riverwood, Lot 5  
11059 Hunters View Rd.  
Ellicott City, MD 21042  
BP # B07002277  
Well Permit #HO-94-4006

Dear Homeowner:

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 12/04/2007. Final approval for the well installation was granted on 3/04/2008.**

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 26.04.04 water quality standards.

#### TEMPORARY INTERIM CERTIFICATE OF POTABILITY

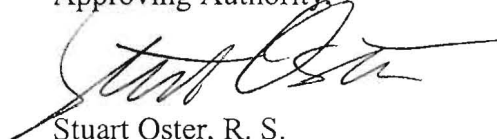
This is a **Temporary Deviation** to allow additional time for radium testing and/or installation of a water treatment device along with post-treated samples to be taken if the radium levels exceed the EPA recommendations. To satisfy ICOP requirements, from the date of this letter, you will have **10 days** to get a pre-treated sample of gross alpha + beta, radium 226 + 228, and a post-treated sample of radium 226 + 228. **Until the water sample results are obtained or a treatment device is installed, it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards, then a treatment device will have to be installed and an additional water sample will have to be collected to make sure that the treatment device is working properly.

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-94-4006. 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: 02/05/2008  
Date of Gross Alpha and Beta Samples 03/11/2008  
Date of Samples for Radium 226/228: 03/04/2008 & 03/11/2008  
Date of Well Completion: 10/01/2004

Approving Authority



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Toneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	66848	Account #:	3123
Reference:	Riverwood Lot 5	Company:	National Water Servicing
Location:	11059 Hunter View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	3/4/2008 1240	Source:	Well Water
Date/Time Rec'd:	3/4/2008 1421	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/ Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.6
		Well #:	HO-94-4006

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	<0.2	pCi/L	****	903.1	3/14/2008 / 1355 / MJN
Radium-228	<0.8	pCi/L	****	Ra-05	3/13/2008 / 1225 / PJ

### NOTES

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 pH tested on-site
- 4 Radium 226 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 0.8 pCi/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy  
 Building Permit # : B07002277

Date Reported: 3/17/2008

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Fancytown Rd. Westminster, MD 21156-1034 Phone: (410) 876-4354 Fax: (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	66904	Account #:	3123
Reference:	Riverwood Lot 5	Company:	National Water Servicing
Location:	11059 Hunter View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	3/11/2008 1035	Source:	Well Water
Date/Time Rec'd:	3/11/2008 1318	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/ Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4006

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.5	pCi/L	****	903.1	3/21/2008 / 1030 / MJN
Radium-228	<0.9	pCi/L	****	Ra-05	3/21/2008 / 1030 / PJ

**NOTES**

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 \*\*Sample collected prior to treatment
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.1 pCi/L
- 5 Radium 228 Detection Limit: 0.9 pCi/L
- 6 Sub-contracted to Lab # 278
- 7 ND: None Detected
- 8 Visual well check: Sealed, vented cap
- 9 Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy  
 Building Permit # : B07002277

Date Reported: 3/26/2008

**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 #:	66905.1	Account #:	3123
Reference:	Riverwood Lot 5	Company:	National Water Servicing
Location:	11059 Hunter View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	3/11/2008 1035	Source:	Well Water
Date/Time Rec'd:	3/11/2008 1318	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/ Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4006

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<2.1	pCi/L	15	900.0	3/13/2008 / 1431 / MJN
Gross Beta	3.2	pCi/L	50	900.0	3/13/2008 / 1431 / PJ

### NOTES

- 1 \*\*Sample collected prior to treatment
- 2 Gross Alpha Detection Limit: 2.1pCi/L
- 3 Gross Beta Detection Limit: 2.3 pCi/L
- 4 pCi/L = picocuries per liter
- 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 Visual well check: Sealed, vented cap
- 8 Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy  
 Building Permit # : B07002277

Date Reported: 3/17/2008

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD 21157-1004    (410) 371-4554    FAX (410) 371-0298

## REPORT OF ANALYSIS

Laboratory ID #: 66580	Account #: 3123
Reference: Riverwood Lot 5	Company: National Water Servicing
Location: 11059 Hunter View Road Ellicott City, MD 21042	Requested By: Dave Rycke
Date/ Time Collected: 2/5/2008 1400	Source: Well Water
Date/Time Rec'd: 2/5/2008 1540	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: ** → ?
Collected By: B. Dutterer 4717BD	pH: 6.5
	Well #: HO-94-4006

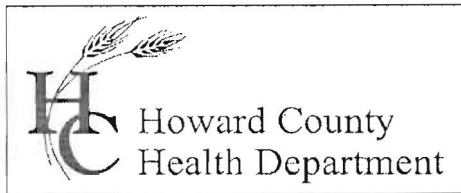
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/6/2008 / 0945 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/6/2008 / 0945 / AD/BD
Nitrate	<1.0	mg/L	10	601	2/5/2008 / 1555 / AD/BD
Turbidity	0.55	NTU	<10	SM18 2130B	2/5/2008 / 1555 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	2/5/2008 / 1555 / AD/BD

### NOTES

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

Reason for Test : Use & Occupancy  
 Building Permit # : B07002277

Date Reported: 2/7/2008



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 15, 2008

Winchester Homes  
6905 Rockledge Drive, #800  
Bethesda, MD 20817

RE: Riverwood, Lot 5  
11059 Hunters View Road  
Ellicott City, MD 21042  
BP# B07002277  
Well Permit #HO-94-4006

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 12/04/2007. Final approval of the well line connection to the dwelling was approved on 03/04/2008.**

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.

Gross Alpha and Gross Beta samples were also collected on 03/11/2008. Both findings were below the maximum limit suggested by the EPA. Pre and post treatment Radium 226/228 samples were collected as well on 03/11/2008 and 03/04/2008 respectively. Both findings were below the combined 226/228 MCL of 5pCi/l for both the pre and post treatment samples. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

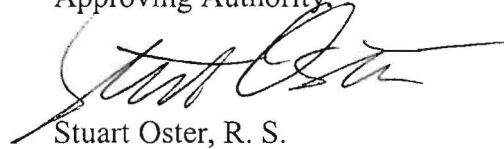
#### INTERIM CERTIFICATE OF POTABILITY

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-94-4006. 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: 02/05/2008  
Date of Gross Alpha and Beta Samples 03/11/2008  
Date of Samples for Radium 226/228: 03/04/2008 & 03/11/2008  
Date of Well Completion: 10/01/2004

Approving Authority



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File