c1 2960	(MDE USE UNLT)			STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUI IN COLS. 3-6 CN ALL CARDS		1		FILL IN THIS FORM COMPLETELY PLEASE TYPE	NUMBER A 520 414
ST/CO USE ONLY DATE Received MM DO YY 8 13	DATE M	E WELL	COMPL	ETED Depth of Well 92 20 22 440 26 (TO NEAREST FOOT) 8	PERMIT NO. FROM "PERMIT TO DRILL WELL" 
OWNER Winn STREET OR RFD	Jast name	ster.	Va	(1) and first name TOWN_	Palai + QT
SUBDIVISION	LUM	ood	p	have 2 SECTION	LOT 74
WELL L Not required for		alls		GROUTING RECORD Ves No	<u>C</u> 3
STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS			THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use additional sheets if needed)	FEI		check if water bearing	CEMENT DENTONITE CLAY BC	HOURS PUMPED (nearest hour)
Sand	0	48	bouring	NO. OF BAGS NO. OF POUNDS 7222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot)	PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE Buckets
Sand Gray Granite	1.0			from $\frac{1}{48}$ TOP 52 ft. to $\frac{1}{54}$ BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Gray Cromite	48	440	V	(enter 0 if from surface) casing CASING RECORD types insert ST CO	BEFORE PUMPING <u>33</u> ft.
				(appropriate code ) STÉEL CONCRETE	WHEN PUMPING $\frac{249}{22}$ ft. TYPE OF PUMP USED (for test)
				MAIN Nominal diameter Total depth	A air P piston T turbine
				CASING top (main) casing TYPE (nearest inch)! of main casing (nearest foot)	C centrifugal R rotary O ther (describe below)
				60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible
				A diameter depth (feet) H inch from to C A	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
				s I G []	(CIRCLE) (YES or NO)
				screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
		Biores		insert appropriate code	IN BOX 29. CAPACITY : GALLONS PER MINUTE
				below PL OT PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSFU	IL WELLS	S:/	)	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED		Yes	N	$E_{A}^{1} + \frac{40}{89} + \frac{50}{11} + \frac{15}{15} + \frac{440}{17} + \frac{21}{21}$	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPR				H 2 S 23 24 26 30 32 36	LAND SURFACE
<ul> <li>WHEN THIS WELL WAS C</li> <li>E ELECTRIC LOG OBTAINED</li> <li>P TEST WELL CONVERTED</li> <li>WELL</li> </ul>	D			C 3 R 38 39 41 45 47 51 E	below ) (nearest) 49 foot) LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL CONDI CAPTIONED PERMIT, AND THAT TH HEREIN IS ACCURATE AND COMP KNOWLEDGE.	WELL CO	TED IN TH	ION" AND IE ABOVE ESENTED	E         SLOT SIZE 1         2         3           DIAMETER         (NEAREST           OF SCREEN	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS, TO WELL)
DRILLERS LIC. NO. 1 M	SD.	024	Z i	GRAVEL PACK	whithom way
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON				INSERT FUNDOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
LIC. NO. 1	_ D .		- '	T (E.R.O.S.) W Q	- well @
SITE SUPERVISOR (sign. of a responsible for sitework if diffe	driller or j erent from	journeym permitte	ian ee)	70 72 TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	C)o'.

1

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER SEQUENCE NO STATE OF MARYLAND 884 (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL please type 525693 fill in this form completely LOCATION OF WELL Date Received (APA) В 3 OWNER INFORMATION COUNT 8 8 21 N SUBDIVISION Last Name Owner First Name 34 23 42 800 Jui 10 SECTION LOT Street or RFD 55 16 18 State 70 76 TOWN Zip NEAREST 71 DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) 76 77 78 D0 Μ B 4 Driller's Name License No 2 hilborn wa DIRECTION OF WELL FROM Firm Name TOWN (CIRCLE BOX) NEAR WHAT ROAD 30 NORTH N ON WHICH SIDE OF ROAD NW NE Address (CIRCLE APPROPRIATE BOX) WESTERES FAST STELE Signature Date w TOWN Е 34 37 60 В 2 WELL INFORMATION 8 DISTANCE FROM ROAD APPROX, PUMPING RATE 2 ENTER FT OR MI 38 39 (GAL. PER MIN.) 12 8 s<sub>w</sub> S E S 3 PARCEL ZO TAX MAP: 29 BLK: AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION COUNTY NO 414 THE 10 COUNTY NAME FARMING (LIVESTOCK WATERING & AGRICULTURAL F IRRIGATION STATE SIGNATURE INSERT S 22 INDUSTRIAL, COMMERICIAL, DEWATERING 1 41 DATE ISSUED P PUBLIC WATER SUPPLY WELL SIGNATURE 43 DATE MM Т TEST, OBSERVATION, MONITORING NORTH EAST 000 000 GRID GRID G GEO-THERMAL 50 SHOW MAJOR FEATURES OF \_\_\_\_ FEET BOX & LOCATE WELL '. SON APPROXIMATE DEPTH OF WELL WITH AN X SOURCES OF DRILLING WATER NEAREST APPROXIMATE DIAMETER OF WELL 1. Well ar and INCH lor 2. METHOD OF DRILLING (circle one) 7 3. JETTED BORED (or Augered) Jetted & DRIVEN d 0 30 AIR-ROTary ROTARY (Hydraulic Rotary) AIR-PERcussion WRITE THE BOX NUMBER 37 CABLE **REVerse-ROTary DRive-POINT** FROM THE MAP HERE other REPLACEMENT OR DEEPENED WELLS 000 (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL N DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN THIS WELL WILL REPLACE A WELL THAT WILL BE Y ABANDONED AND SEALED RELATION TO NEARBY TOWNS AND ROADS AND GIVE THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS DISTANCE FROM WELL TO NEAREST ROAD JUNCTION S 39 D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) hithoen wa 004 GOOZ APPROP. PERMIT NUMBER 07 19 PERMIT NØ well 76 75 74 SPECIAL CONDITIONS ۲

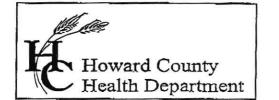
Page of Date <u>7-26-2007</u> Review FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST Well Permit No. HO - 95-0719 Well Permit No. HO - 15 - 0714 Location of property (road) Whithorn Waif Subdivision Ringwood Phase 2 Lot 74 Block Plat Sec. Well Driller Juph Mayne Owner Winchester Homes Inc. Depth of well 440 Distance of measuring point (M.P.) above ground / Static water level (S.W.L.) below M.P. 33' I. High rate pumping -- reservoir drawdown Time pump started <u>10:46 am</u>. Pumping rate <u>20 gpm</u>. Total time <u>30min</u> to reach pumping water level <u>2:49</u> Et. below M.P. II. Recovery pump test data - observations to be recorded every 15 minutes PUMPING RATE FLOW METER READING CALCULATED FLOW WATER LEVEL TIME (in 15 (if used) below M.P. time to fill 5/ minute in-(gallons per cervals gallon bucket minute) 33' NA 10:40 137' 10:55 3 plc. 20 gpm. 20 0 249 11:10 3 .4.5 11:25 13 247 247 11:40 13 4.5 11:55 247 13 4.5 247 13 4.5 12:10 246. 13 4.3 .. 12:25 246 4.5 13 12:40 4.5 246 12:55 13 246 1:10 13 4.5 2.46 13 4.5 1:25 13 1:40 246 4:5 246 1:55 13 4.5 " 246 4.5 2:10 13

#### 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: All Around Plumbing, Inc Telephone #: 301-698-1028 Address: PO Box 3596 Frederick, Md 21705
	(Must circle one Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): James B. Madden 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: Wasim + Shehla Khantelephone #:
	Piping to house       House Connection         Type:       \$\frac{1}{a571C}\$         PSI:       \$\frac{2}{00}(160 \not simin)\$         Depth of supply line:       \$\frac{3}{26}\$         (36" min)       Sleeve 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 <u>cannot</u> be accomplished, contact this office for approval prior to installation $\frac{1}{10000000000000000000000000000000000$
	For Health Department Use Only – Not to be completed by Installer
57	Date Insp. Requested: <u>10/21/22</u> Date Insp. Approved: <u>6/29/22</u> Inspector: <del>50</del> Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade Two pièce cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/attached to cap properly <u>41</u> 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



7178 Columbia Gateway Drive, Columbia, MD 21046 (410) 313-2640 Fax (410) 313-2648 Toll Free 1-866-313-6300 TDD (410) 313-2323 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:

Well Site Location: <u>RIVERWood Phare II 43-77</u> <u>CASTLE bhdge Rd</u>, Hurters View Road Subdivision/Property Name Lot# Road Name S' O PEN RUN ROAD & Whithorn Way The well sites has been staked by <u>Benchmark</u> Eng (professional land surveyor or company employing professional land surveyors) (date) and does not require a site inspection. on \_\_\_\_\_ all lots will be staked by 12/29/06

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.

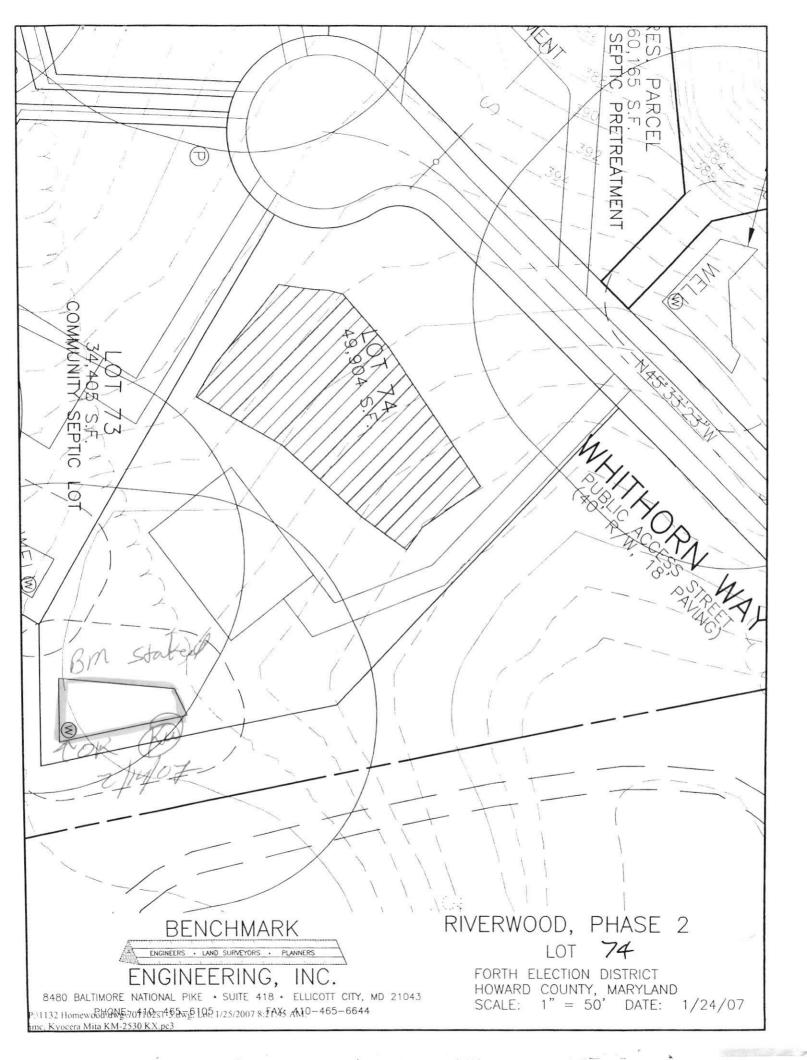
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Contact is: EASTERdays 301-829-1440

SER DE 18 6H 5:35

1.1.1.2





Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

## INTERIM CERTIFICATE OF POTABILITY <u>PERMANENT DEVIATION FOR RADIUM</u> Expiration Date – SEPTEMBER 1, 2023

March 1, 2023

Homeowner 11225 Whithorn Way Ellicott City, MD 21042

### RE: Riverwood, Lot 74 11225 Whithorn Way Building Permit: B22000071 Well Permit: HO-95-0719

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 1/23/2023. Final approval of the well line connection to the dwelling was granted on 6/29/2022. The well construction was completed on 9/20/2007. Water samples were collected on 1/10/2023, 1/20/2023, 1/20/2023, 1/20/2023, 1/20/2023.

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 7/26/2007. Results showed a Gross Alpha level of  $14.0 \pm 3.0 \text{ pCi/L}$  and a Gross Beta level of  $13.0 \pm 3.0 \text{ pCi/L}$ . This exceeds the maximum contaminant level (MCL) combined Radium 226 and 228 of 5.0 pCi/L.

After installation of a radionuclide removal device (water softener/RO), post-treatment water samples were collected on 2/1/2023 and indicated a combined Radium 226/228 level of <2.6 pCi/L which is below the MCL of 5 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 <u>yearly</u> radionuclide analysis.



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

3. If you decide to sell or rent your home in the future, you <u>must</u> 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-95-0719. 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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

think they

Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor Groundwater Management Section Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

# **REPORT OF ANALYSIS**

Laboratory ID #: Reference: Location: Date/ Time Collected Date/Time Rec'd: Chlorine ppm: Collected By:	157084.1 Caruso Homes 11225 Whithorn Ellicott City, MI : 2/1/2023 2/1/2023 Free: ND E. Van Allen	21042 1200 1400	)  : ND	Account #: Client: Requested By: Source: Site: Treatment: pH: Well #:	Mark Mathe Well Water Bathroom Si	nk Softener/Reverse Osmosis
PARAMETERS	RE	SULTS	UNITS	<b>REFERENCE</b> M	ETHOD	DATE/TIME/ANALYST
Radium-226		0.4	pCi/L	**** 9	003.0	2/14/2023 / 1303 / MJN
Radium-228	<	<0.8	pCi/L	**** F	Ra-05	2/13/2023 / 1250 / SN
Gross Alpha, Long Term	<	<1.2	pCi/L	15 9	000.0	2/9/2023 / 0632 / MJN
Gross Beta, Long Term		1.4	pCi/L	50 9	0.000	2/9/2023 / 0632 / MJN

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Gross Alpha Detection Limit: 1.2 pCi/L; Gross Alpha Error: +/- 0.8 pCi/L
- 3 Gross Beta Detection Limit: 1.3 pCi/L; Gross Beta Error: +/- 0.9 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.2 pCi/L
- 6 Radium 228 Detection Limit: 0.8 pCi/L; Radium 228 Error: +/- 0.6 pCi/L
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 Sample collected by client, analyzed as received
- 9 Sub-contracted to Reference Lab #278
- 10 ND = None Detected
- 11 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 12 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B22000071

Date Reported: <u>2/15/2023</u>



Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046-2147 (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

September 10, 2007

Winchester of Howard County 6905 Rockledge Drive Suite 800 Bethesda, Maryland 20817

> RE: Riverwood II Lot 74 Well Tag: HO - 95 - 0719

To Whom It May Concern:

A sample was collected from a yield test on July 26, 2007 and submitted to the Department of Health & Mental Hygiene Laboratory 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  $14.0 \pm 3.0$  picocuries/liter (pCi/L); while the Gross Beta level was  $13.0 \pm 3.0$  pCi/L. With the margin of error, the Gross Alpha result exceeded 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).

Since the Gross Alpha finding exceeded its MCL, additional testing for Gross Alpha, Gross Beta and 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 (for all 3 parameters) confirming that levels are in conformance with existing standards. These tests are in addition to the standard parameters required for Use & Occupancy.

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.

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 or to discuss additional testing requirements.

Sincerely

Bert Nixon, Director Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater Well & Septic property file

## Wolf, Kevin

From:	Wolf, Kevin
Sent:	Tuesday, January 31, 2023 9:58 PM
То:	Monica Lanigan
Cc:	Preston Hood; wasim_khan@yahoo.com; Wolf, Kevin; Page, Shepsura
Subject:	RE: ICOP Letter
Attachments:	[Untitled].pdf; Nitrate Agreement 2.11.19.pdf; 230123 AB-2301-10 Results.pdf; 230125 AB2301-11 Results.pdf; 230127 AB-2301-14 Results.pdf; 230127 AB2301-17 Results.pdf; Analysis Report.pdf; 11225 original.pdf

Monica,

I had a chance to review your property file for your Interim Certificate of Potability (ICOP) and the following issues need to be addressed before I can release your ICOP:

- 1. From the initial water tests taken 1/10/2023, showed the presence of **total coliform**. You will need to provide me with a 'raw'/untreated sample free of total coliform bacteria. The tests you submitted from "water testing Labs of Maryland' is not an acceptable water analysis report because they are not a certified water testing lab of Maryland.
- 2. The initial water tests taken on 1/10/2023, showed elevated nitrates above the MCL of 10.1mg/L. You have installed a nitrate removal device (water softener) and have submitted post-treated, passing nitrate sample (1/24/2023). However, regulations require that the property must have a 'nitrate agreement' completed, signed and recorded with the Office of Land Records. I have attached the form for your convenience.
- 3. The initial water tests taken on 1/10/2023, showed elevated turbidity of 31.5 NTU's (which seems to be from excessive iron). The water test submitted on 1/24/2023 showed a post-treated turbidity of 4.13 NTU's but i do not see a test for iron on this report. I need be sure that the elevated iron is causing the elevated turbidity. State regulations do not allow for a permanent deviation to an ICOP for turbidity unless that turbidity is caused by excessive iron or manganese.
- 4. The property resides within the Radium area of the State also know as the Baltimore Gneiss rock formation and these wells drilled in this area are subject to radium testing. Testing was completed on July 26th, 2007 respectively, and results of the testing showed elevations. Further testing is required in order to obtain your ICOP. I have attached the letter for your convenience.

I will be around tomorrow if you would we can talk all this through in a little more details.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS Groundwater Mgmt. Sec. Supervisor Well & Septic Program Howard County Health Department 8930 Stanford Blvd. Columbia, MD 21045 410-313-2645 (Office) 410-313-2648 (Fax) www.hchealth.org

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

# **REPORT OF ANALYSIS**

Laboratory ID #:	156923			Account #:	1045	
Reference:	Atlantic Blue	Water Serv	ices	Client:	Atlantic Bl	ue Water Services
Location:	11225 Whith	orn Way		Requested By	: Mark Math	ner
	Ellicott City,	MD 21042		Source:	Well Wate	r
Date/ Time Collected:	: 1/24/2023	0830		Site:	Bathroom	Тар
Date/Time Rec'd:	1/24/2023	1423		Treatment:	Chem Feed	l/Softener
Chlorine ppm:	Free: ND	Total	: ND	pH:	7.5	
Collected By:	E. Van Allen	1560	EV	Well #:	HO-95-071	19
PARAMETERS		RESULTS	UNITS	REFERENCE M	IETHOD	DATE/TIME/ANALYST
Nitrate.		0.44	mg/L	10	EPA 300.0	1/24/2023 / 1656 / MEW
Turbidity		4.13	NTU	<10	SM2130B	1/24/2023 / 1515 / MEW

#### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 Sample collected by client, analyzed as received
- 5 ND = None Detected
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

Reason for Test :Use & OccupancyBuilding Permit # :B22000071

Date Reported: <u>1/26/2023</u>

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

# **REPORT OF ANALYSIS**

Laboratory ID #:	156679		Account #:	1045
Reference:	Caruso Homes		Client:	Atlantic Blue Water Services
Location:	11225 Whitworn V	Vay	Requested By:	Mark Mather
	Elkridge, MD 210	75	Source:	Well Water
Date/ Time Collected	: 1/10/2023	1420	Site:	Well Tank
Date/Time Rec'd:	1/10/2023	1444	Treatment:	N/A
Chlorine ppm:	Free: ND	Total: ND	pH:	5.9
Collected By:	E. Van Allen	1560EV	Well #:	N/A

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	22.2	MPN/ 100 ml	<1.0	SM20 9223B	1/11/2023 / 1000 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/100 ml	<1.0	SM20 9223B	1/11/2023 / 1000 / MEW
Nitrate.	10,1	mg/L	10	EPA 300.0	1/10/2023 / 1729 / TSD
Turbidity	31.5	NTU	<10	SM2130B	1/10/2023 / 1540 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	1/10/2023 / 1530 / TSD
Iron	3.80	mg/L	0.3*	Hach 8146	1/11/2023 / 1235 / MEW

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 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 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; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

#### Date Reported: <u>1/11/2023</u>

1000 Butterworth Ct. Thompson Creek Business Park Stevensville, MD 21666 (410) 643-7711 sales@wtlmd.com

Atlantic Blue 1802 Baltimore Blvd. Westminster, MD 21157			Reporting Date: Report #:	1/23/2023 AB2301-10
Submitted Semula Address	11225 Whith a	- War		
Submitted Sample Address:	11225 Whithor	near an anno Management		
	Ellicott City, N	ID 21042		
Submitted Sample Source:	Holding tank			
Date / Time Collected:	1/20/2023	10:15 AM		
Sample Type:	Drinking Water	r		
Field Record:	Chlorine residu	al: Absent	Clear when drawn	pH: 7.0
Sampler/Company:	Brianna Smith	1951BS, Atla	antic Blue	2014
Well Tag#:	HO-95-0719			

## **Analytical Results**

Parameter	Result	Units	<b>Report Limit</b>	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.

2. Results in BOLD exceed the MCL, Action Level or MD well regulation.

3. Samples received and examined within EPA's recommended holding times.

4. MCL – Maximum Contaminant Level

5. ND - Not Detected.

\* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5).

MCL Type –

EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.

EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.

Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.

 We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

pristing Rodgers

C. Rodgers, Assistant Lab Manager, Microbiology

SNB

1000 Butterworth Ct. Thompson Creek Business Park Stevensville, MD 21666 (410) 643-7711 sales@wtlmd.com

Reporting Date: 1/25/2023 Report #: AB2301-11

Submitted Sample Address: 11225 Whithorn Way Ellicott City, MD Submitted Sample Source: Holding tank Date / Time Collected: 1/23/2023 09:01 AM Sample Type: Drinking Water Field Record: Chlorine residual: Absent Clear when drawn pH: 7.0 Brianna Smith 1951BS, Atlantic Blue 4/2024 Sampler/Company: Well Tag#: HO-95-0719

## **Analytical Results**

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>

Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.

2. Results in BOLD exceed the MCL, Action Level or MD well regulation.

3. Samples received and examined within EPA's recommended holding times.

4. MCL – Maximum Contaminant Level

5. ND – Not Detected.

6. MCL Type –

Atlantic Blue

1802 Baltimore Blvd.

Westminster, MD 21157

**EPA Primary**: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.

EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.

Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.

7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

hristin Kodgers

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:

1000 Butterworth Ct. Thompson Creek Business Park Stevensville, MD 21666 (410) 643-7711 sales@wtlmd.com

Atlantic Blue 1802 Baltimore Blvd. Westminster, MD 21157		Reporting Date: Report #:	1/26/2023 AB2301-14

## **Analytical Results**

Parameter	Result	Units	<b>Report Limit</b>	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.

2. Results in BOLD exceed the MCL, Action Level or MD well regulation.

3. Samples received and examined within EPA's recommended holding times.

4. MCL - Maximum Contaminant Level

- 5. ND Not Detected.
- 6. MCL Type -

**EPA Primary**: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.

EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.

Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.

7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

mistine Kodgers

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:

1000 Butterworth Ct. Thompson Creek Business Park Stevensville, MD 21666 (410) 643-7711 sales@wtlmd.com

Atlantic Blue 1802 Baltimore Blvd. Westminster, MD 21157		Reporting Date: Report #:	1/27/2023 AB2301-17	
Submitted Sample Address:	11225 Whithorn Way Ellicott City, MD 21042			
Submitted Sample Source:	Bathroom sink			

Submitted Sample Source: Date / Time Collected: Sample Type: Field Record: Sampler/Company: Well Tag#: Bathroom sink 1/26/2023 02:38 PM Drinking Water Chlorine residual: Absent Clear when drawn pH: 6.0 Ned V Allan 1560EU, Atlantic Blue HO-95-0719

## **Analytical Results**

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	<b>EPA Primary MCL</b>

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.

2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.

3. Samples received and examined within EPA's recommended holding times.

4. MCL – Maximum Contaminant Level

5. ND – Not Detected.

6. MCL Type –

**EPA Primary**: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.

EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.

Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.

7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

pristing Rodgers

C. Rodgers, Assistant Lab Manager, Microbiology

NB Reviewed by:

Send I	Report To:	DHMH - Labo Division of Er <b>RADIATIO</b> 201 W. Preston Stree John M. DeB	e of Maryland oratories Administration ovironmental Chemistry <b>N LABORATORY</b> et, Baltimore, Maryland 2 oy, Dr. P.H., Direct <b>ANALYSIS REC</b>	or	
Samp	le Bottle No. A: <u>HO-9</u>	5-0719 No. B:	- Field Blank Bo	ottle No. A:	No. B:
Plant Samp	Site Name: <u>R.verw</u> le Source: <u>white h</u>	and 2 Lot	ー Location:	County: $\underline{\qquad}$	$\frac{7}{7}$ 19 mple tap, etc.)
Coun	ty: 🛛 🖾 🛛 🛛	Plant No.			]
Drink Land Stream Other	fill N m P	ommunity on-community rivate d f	Source (raw water) Distribution (treated) MCL Telephone No:	Emergen Routine Recheck Special	
	Collected: 7 1 2 61	07	Time Collected	l: a.m.	/? <sup></sup> p.m.
Nitric	Acid Preserved: Yes	No 🗆	Iced: Yes	No 🖻	
Subm	itters Code:	Federal Project:	Field Data:		
Rema	irks: Sample	614 ctel	durn,	pH Ch	lorine
Rema	rks: <u>Sangele</u> Test	Collecter EPA Code	Laboratory No.	Results (pCi/L)	lorine Date Reported
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Rema	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
$\checkmark$	Test Gross Alpha	EPA Code 4000	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
$\checkmark$	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222	EPA Code 4000 4100	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i>	EPA Code 4000 4100 4004	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222 <i>Bottle B</i>	EPA Code 4000 4100 4004 4004	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222 <i>Bottle B</i> Field Blank <i>A</i>	EPA Code 4000 4100 4004 4004 4004	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222 <i>Bottle B</i> Field Blank <i>A</i> Field Blank <i>B</i>	EPA Code 4000 4100 4004 4004 4004	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222 <i>Bottle B</i> Field Blank <i>A</i> Field Blank <i>B</i> Tritium	EPA Code 4000 4100 4004 4004 4004 4004	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222 <i>Bottle B</i> Field Blank <i>A</i> Field Blank <i>B</i> Tritium Ra - 226	EPA Code 4000 4100 4004 4004 4004 4004 4004 400	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported
	Test Gross Alpha Gross Beta Radon-222 <i>Bottle A</i> Radon-222 <i>Bottle B</i> Field Blank <i>A</i> Field Blank <i>B</i> Tritium Ra - 226 Ra - 228	EPA Code 4000 4100 4004 4004 4004 4004 4004 4004 4004 4004 4004	Laboratory No.	Results (pCi/L) $14^{\frac{1}{2}}$ 3	Date Reported

FORM REVISED 02/06 DHMH 4540 02/06

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

PROGRAM COPY



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

### AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and <u>klash khan</u> ("the Owner").

WHEREAS, the Owner owns a tract of land at street address <u>11225</u> (*Whithorn Way*, <u>*Ellitatt city*, *MD* 21042</u> and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # <u>29</u>, Block # <u>04</u>, Parcel # <u>20</u>, Deed Reference # <u>20834</u> and Tax Account # <u>03-351637</u> ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit  $\frac{40-95-0719}{10}$  that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitratenitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

- 1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
- 2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.

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- 4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
- 5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
- 6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
- 7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
- 8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
- 9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

her jow wasim Feb1,23 wher khan Date Buyer Date Shelllelle shella Feb1, 2) Owner Ichan Date Buyer Date Howard County Health Department /Date

## Wolf, Kevin

From: Sent: To: Cc: Subject: Wasim Yahoo <wasim\_khan@yahoo.com> Friday, February 3, 2023 10:07 AM Wolf, Kevin Ned Van Allan Re: Water Test, 11225 Whithorn Way, Iron

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Kevin,

Thank you so much for your time today. Pls see attached land records receipt.

Looking forward to a favorable decision today. Thanks so much.

Do you know who the building inspector would be?

Thanks, Wasim

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신호		~	20.00	40.00	40.00	120.00	120.00	CC13-LP day <sup>-</sup>	
Clerk of the Circuit Court for	Howard County	Ellicott City, MD 21043 410-313-2111	LR - Agreement Recording Fee Name: khan Ref: 1	LR - Agreement Surcharge LR - Agreement Recording Fee Name: khan Ref: 2	LR - Agreement Surcharge 1x 40.00		CRD-Credit Credit Card Confirmation : 06084z	02/03/2023 10:00 CC #1 <u>6960973/497/4</u> Thank you for visiting us today	
11225 Ellicot		EIII	LR - Agreemer Name: khan Ref: 1	LR - Agreemer LR - Agreemer Name: khan Ref: 2	R - Agreemen	SubTotal: Total:	0-Credit edit Card Co	2/03/2023 16960973/497/ Thank you	