

C1 6925

SEQUENCE NO. (WIDE USE ONLY)

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 PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 520414

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 7 16 2007

Depth of Well 22 130 26 (TO NEAREST FOOT)

OK 4/13/12

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0720

OWNER Wincheste Homes Inc STREET OR RFD Renaissance Ct TOWN Elliott City SUBDIVISION Rivewood Phase 2 SECTION 95 LOT 75

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing. Sand Stone 0 41 Gray granite 41 130

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 45

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

SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes [Y] no [N]

- CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M S D O 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

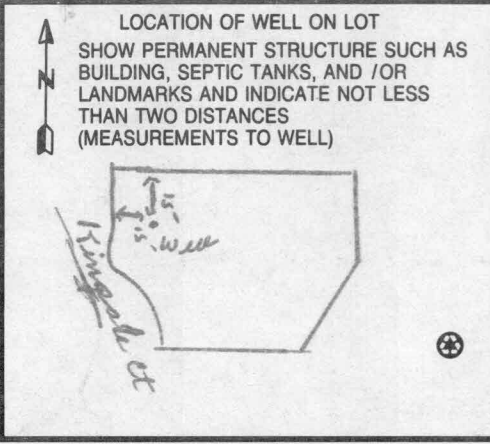
DEPTH (nearest ft.) Ho 43 130. TABLE with columns 1-21 and rows A-C, S, R, E, N. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 45 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above LAND SURFACE [-] below 2 (nearest foot)



B 1	9899	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-95-0720 <small>70 fill in this form completely 79</small>
1 2 3 6			525693 please type	

OWNER INFORMATION

Date Received (APA) 2/1/07
8 MM DD YY 13

Winchester Homes Inc
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

LOCATION OF WELL

Howard
8 COUNTY 21

Riverwood Phase 2
23 SUBDIVISION 42

SECTION 44 46 LOT 75 50

Elliott City
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION

Joseph L Mayne MS D 024
76 License No. 81

Joseph L Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt. Airy Md 21771
Address

Joseph L Mayne 1-30-07
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Kinsale Court
11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

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)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520414
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 2/14/07 Kim Vall 2/14/08
43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 513 000 EAST GRID 0827 000
50 55 57 63

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

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D 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 2004-G007

PERMIT No. HO-95-0720
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8267

N 5103

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

NEED RADIUM SAMPLE

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



FAXED
5-14-12

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
ASHTON, MD 20841

(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# P1 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: WINCHESTER Homes Telephone #: _____
Subdivision: RIVER WOOD Lot #: 75 Well Tag #: HO-95-0720
Site Address: 11229 KINSALE LT
ELICOTT CITY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNFOS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ISS4E07H50</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>130</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one <u>PS</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

Piping to house
Type: PV
PSI: 160 (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

5-14-12
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	_____
Elec. conduit extends at least 18" below grade/attached to cap properly	_____
Safety rope installed inside of well casing	_____
Correct well tag attached properly and casing 8" above finished grade	_____
Water supply line sleeved adequately at house connection	_____
Adequate grout observed below pitless adapter	_____

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

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

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

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 0720
Site Address: 11229 Kinsale Ct

Submersible Pump Data

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

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

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

House Connection

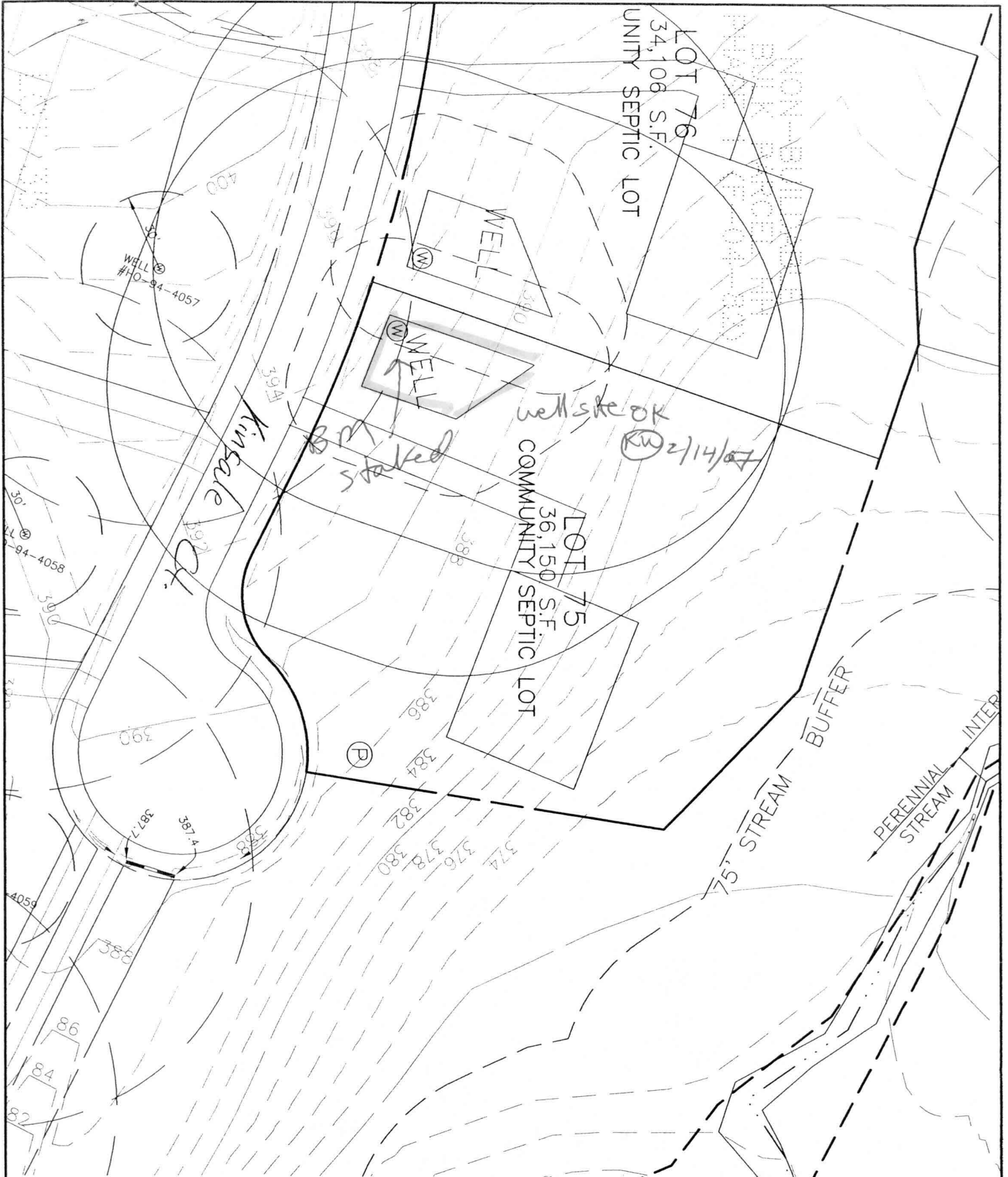
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 5/15/12 Date Insp. Approved: 7/2/12 *GR (KW)*
Inspection Data: Pitless adapter and water supply line at least 36" below grade *(5/15/12) RR*
Two piece cap installed and attached to casing securely *one bolt on 2 piece cap's missing - it has snapped in half*
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection *(KW) OK (not observed - piped under footing) 5/15/12*
Adequate grout observed below pitless adapter



BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6100 FAX: 410-465-6644
 1132 Homewood Ave. #701025153 w. 1/24/2007 5:24:48 PM
 imc, Kyocera Mita KM-2530 KX.pc3

RIVERWOOD, PHASE 2

LOT 75

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 1/24/07



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

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:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
Subdivision/Property Name Lot# Road Name
Open Run Road & Whitford Way

The well sites has been staked by Benchmark Eng,
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

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

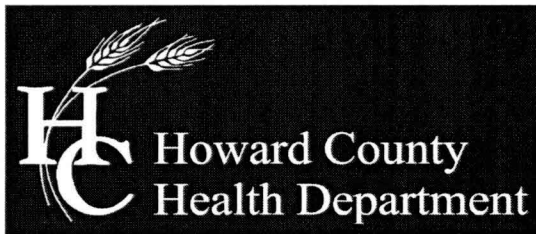
Contact is:

Easterday

301-829-1440

2006 DE 18 PM 2:32

APPROVED
12/29/06
Penny E. Borenstein, M.D., M.P.H.



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

August 27, 2012

Homeowner
11229 Kinsale Court
Ellicott City, Maryland 21042

**RE: Riverwood, Lot #75
11229 Kinsale Court
Building Permit: B1201082
Well Permit: HO-95-0720**

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 **08/23/12**. Final approval of the well line connection to the dwelling was granted on **07/02/12**. The well construction was completed on **07/16/2007**. Water samples were collected on **08/16/2012**.

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 **07/16/2007**. Results showed a Gross Alpha level of **6.0 ± 2.0 pCi/L** and **Gross Beta** level of **6.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0720. 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 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,



Dana Bernard, REHS/RS
Environmental Sanitarian
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #	85826	Account #:	3123
Reference:	Riverwood Lot 75	Company:	National Water Servicing
Location:	11229 Kinsale Court Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/16/2012 1340	Source:	Well Water
Date/Time Rec'd	8/16/2012 1510	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	B. Dutterer 4717BD	pH:	5.8
		Well #:	HQ-95-0120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/17/2012 / 1000 / SNZ
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/17/2012 / 1000 / SNZ

*Bacteria OK
8-20-12 HS*

NOTES

- 1 **Sample collected prior to Softener/ Neutralizer/ Sediment Filter
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B12001082

Date Reported: 8/17/2012

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1614 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 85548 Account #: 3123
 Reference: Riverwood Lot 75 Company: National Water Servicing
 Location: 11229 Kinsale Court Requested By: Dave Rycie
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 7/30/2012 1000 Site: Pressure Tank
 Date/Time Rec'd 7/30/2012 1500 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.5
 Collected By: C. Mooshian 7268CM Well #: HO-95-0710

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	7/31/2012 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/31/2012 / 1030 / CCH
Nitrate	6.53	mg/L	10	601	7/31/2012 / 1150 / CCH/BCD
Turbidity	2.74	NTU	<10	SM18 2130B	7/31/2012 / 1100 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	7/31/2012 / 1110 / JKW

*Bad Bacteria
 Need retest!
 8-1-12 HS*

NOTES

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

Reason for Test : Use & Occupancy
 Building Permit #: B12001082

Date Reported: 7/31/2012

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 #:	85630	Account #:	3123
Reference:	Riverwood Lot 75	Company:	National Water Servicing
Location:	11229 Kinsale Court Ellicott City, MD 21042	Requested By:	Dave Ryjke
Date/ Time Collected:	8/6/2012 1305	Source:	Well Water
Date/Time Rec'd:	8/6/2012 1345	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	5.9
		Well #:	HO-95-0720

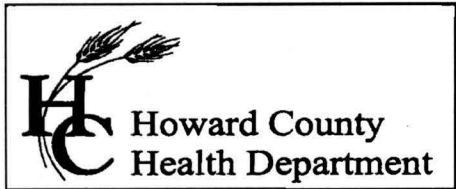
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	73.8	MPN/ 100 ml	<1.0	SM18 9223	8/7/2012 / 1000 / JKW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/7/2012 / 1000 / JKW

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
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- 5 pH and Chlorine level tested on site

Reason for test : Use & Occupancy
 Building Permit # : B12001082

Date Reported: 8/7/2012



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

August 30, 2007

Winchester of Howard County
6905 Rockledge Dr.
Suite 800
Bethesda, MD 20817

RE: Riverwood Subdivison, Lot# 75
Well Tag: HO-95-0720

To Whom It May Concern:

A sample was collected from a yield test July 16, 2007 and submitted to Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 6.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 6.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target 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 appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

