

C1 69

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 520414

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0922

OWNER Winchester Homes Inc STREET OR RFD Kingsale Ct SUBDIVISION Kinwood Phase 2 SECTION TOWN Chelton City LOT 77

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. Rows: Sand (0-61), Gray Granite (61-185).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) MENTONITE CLAY (B) C NO. OF BAGS 18 NO. OF POUNDS 7692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 61 ft.

CASING RECORD

MAIN CASING TYPE (S) T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 66

OTHER CASING (if used)

PL 4 inch diameter 25 to 185 depth (feet) from to

SCREEN RECORD

screen type or open hole (S) T (B) R (H) O (P) L (O) T

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows: HO 63, 185

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

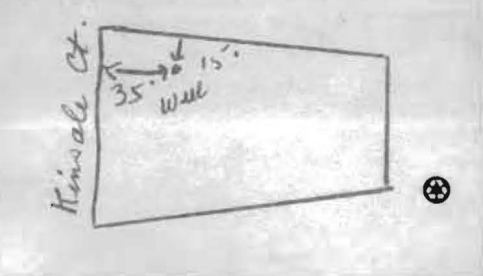
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 WHEN PUMPING 88 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) 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 3 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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 SD 024 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)

B 1 9860

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525693 please type

STATE PERMIT NUMBER

HO-95-0722 fill in this form completely

Date Received (APA) 2/1/07

OWNER INFORMATION

Wincchester Home Inc. 6905 Rockledge Drive Suite 800 Bethesda Md 20817

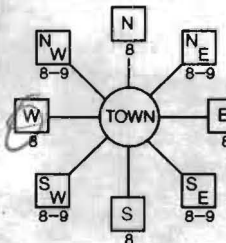
LOCATION OF WELL

Howard County Rivewood Phase 2 Section 44 46 Lot 77 48 50 Ellicott City

DRILLER INFORMATION

Joseph L. Maupre M S D 024 Driller's Name License No. 81 Joseph L. Maupre Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy Md 21771 Address Signature Date 1-30-07

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kingsale Court NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 50 37 SOUTH DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 29 BLK: 4 PARCEL 20

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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 A520414 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 2/14/07 CO SIGNATURE EXP. DATE 1/14/08 NORTH GRID 513 000 EAST GRID 0827 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

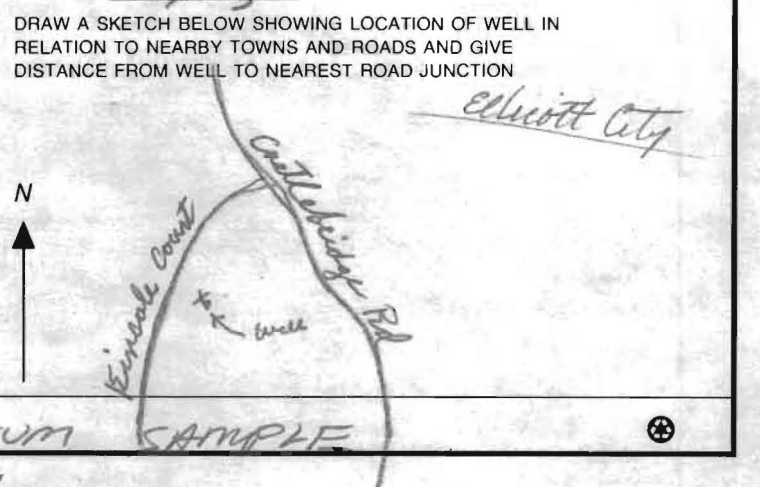
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO 2004 G007 PERMIT No. HO-95-0722

SPECIAL CONDITIONS

NEED RADIUM SAMPLE

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 827 N 513



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

EMAILED
Sheronda

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 SUP Telephone #: 301 854-1333
Address: P.O. Box 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

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

Name of Property Owner: Winchester Homes Telephone #: _____
Subdivision: Riverwood Lot #: 77 Well Tag #: HO-95-0762
Site Address: 11221 Kinsale Ct
Ellicott City

| | | |
|---|----------------------------|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Grundfos</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>15 SQE 07-180</u> | Model #: <u>PA800</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>12</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>185</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>CPS</u> | | |
| Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u> | | |

| | |
|--|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>Poly</u> | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve: <u>5'</u> |
| Depth of supply line: <u>4</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 10-3-12

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
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: _____ 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 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: _____ Telephone #: _____
Subdivision: Riverwood Lot #: 77 Well Tag #: HO-95-0722
Site Address: 11221 Kinsale Ct

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|---|------------------------------------|--------------------------------------|
| Make: _____ | Make: _____ | Two piece watertight cap: _____ |
| Model #: _____ | Model#: _____ | Screened, vented well cap: _____ |
| Pump Capacity _____ GPM | Depth: _____ (36" min) | Cap secured to casing: _____ |
| Well Yield: _____ GPM | NSF/WSC approved: _____ | Conduit min 18" B.G.: _____ |
| Depth of well encountered at time of pump installation: _____ (feet) | Conduit secured to well cap: _____ | |
| If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 | | |
| Torque arrestors, Cable guards, or other acceptable method used- Must circle one | | |
| Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> | | |

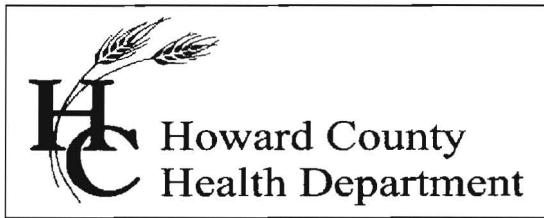
| <u>Piping to house</u> | <u>House Connection</u> |
|---------------------------------------|---|
| Type: _____ | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min) | Length of sleeve(5' minimum from foundation): _____ |
| Depth of supply line: _____ (36" min) | Sleeve 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 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: 10/4/12 Date Insp. Approved: 10/4/2012 Inspector: (BB)
 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 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
Under Footer



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D. Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 3rd, 2013

January 3rd, 2013

Homeowner
11221 Kinsale Ct.
Ellicott City, MD 21042

RE: Riverwood II, Lot 77
11221 Kinsale Ct.
Building Permit: B12002782
Well Permit: HO-95-0722

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 **1/3/2013**. Final approval of the well line connection to the dwelling was granted on **10/4/2012**. The well construction was completed on **7/17/2007**. Water samples were collected on **12/19/2012 & 12/12/2012**.

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 **7/17/2007**. Results showed a Gross Alpha level of **3.0 ± 1.0 pCi/L** and **Gross Beta** level of **4.0 ± 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-95-0722. 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.**

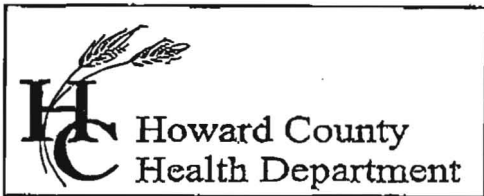
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is fluid and cursive, with a large initial "H" and "S".

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2923 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 & Whithorn Way

The well site 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

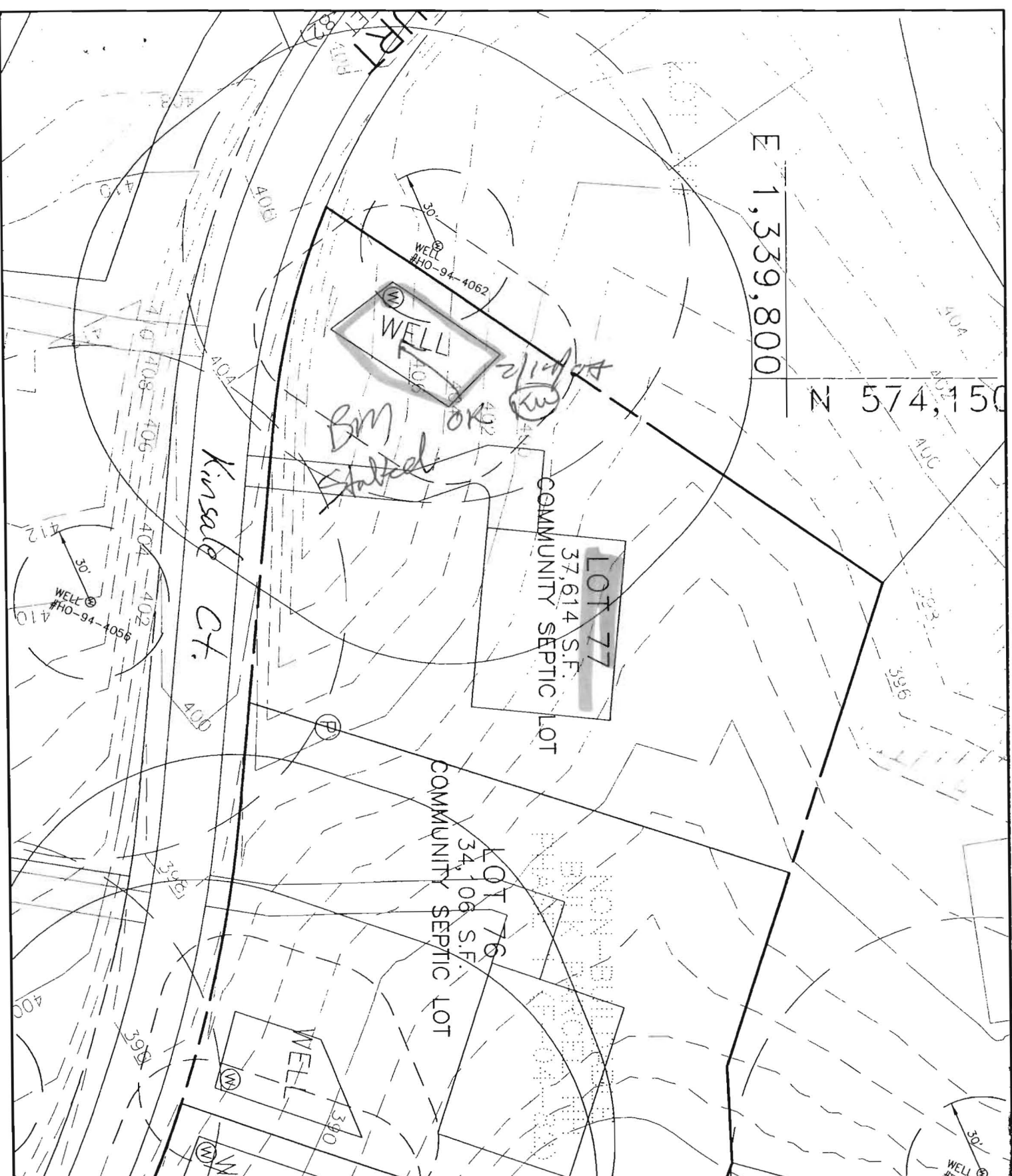
Contact is:

Easterday

301-829-1440

2006 DE 18 PM 2:32

ENVIRONMENTAL HEALTH



BENCHMARK

RIVERWOOD, PHASE 2

LOT 77

ENGINEERS • LAND SURVEYORS • PLANNERS

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

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

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

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 #: 87505 Account #: 3123
Reference: Riverwood Lot 77 Company: National Water Servicing
Location: 11221 Kinsale Court Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 12/19/2012 1115 Site: Pressure Tank
Date/Time Rec'd: 12/19/2012 1215 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: C. Mooshian 7268CM Well #: HO-95-0722

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 ✓ | MPN/ 100 ml | <1.0 | SM18 9223 | 12/20/2012 / 1000 / BCD |
| Bacteria, E. coli, MPN | <1.0 ✓ | MPN/ 100 ml | <1.0 | SM18 9223 | 12/20/2012 / 1000 / BCD |

OK VCB 12/21/12

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.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B12002782

Date Reported: 12/20/2012

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 #: | 87362 | Account #: | 3123 |
| Reference: | Riverwood Lot 77 | Company: | National Water Servicing |
| Location: | 11221 Kinsale Court Ellicott City, MD 21042 | Requested By: | Dave Rycke |
| Date/ Time Collected: | 12/12/2012 0800 | Source: | Well Water |
| Date/Time Rec'd: | 12/12/2012 1136 | Site: | Pressure Tank |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | J. Yeager 6176JY | pH: | 6.1 |
| | | Well #: | HO-95-0722 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | 2.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 12/13/2012 / 0800 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 12/13/2012 / 0800 / CCH |
| Nitrate | <1.0 | mg/L | 10 | 601 | 12/12/2012 / 1600 / BCD |
| Turbidity | 1.97 | NTU | <10 | SM18 2130B | 12/12/2012 / 1600 / BCD |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 12/12/2012 / 160 / BCD |

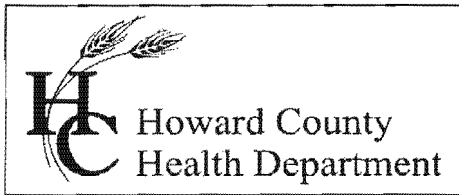
*retest bacteria
 Others 'OK' sub 12/18/12*

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 # : B12002782

Date Reported: 12/13/2012



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 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# 77
Well Tag: HO-95-0722

To Whom It May Concern:

A sample was collected from a yield test July 17, 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 3.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.0 ± 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