

C1 9896 SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A33520

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-0169

OWNER WILSON last name first name DONG TOWN HIGHLAND SUBDIVISION BRIGHTON PINES SECTION LOT 21

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND 0 59, Gamy mica Rock 59 325.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) [6] Total depth of main casing (nearest foot) [63]

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] STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) [H0] [61] [325] SLOT SIZE 1 2 3 DIAMETER OF SCREEN [] (NEAREST INCH)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 24 DRILLERS SIGNATURE [Signature]

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.) W Q. TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 WHEN PUMPING 118 TYPE OF PUMP USED (if test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) [] above [] below LAND SURFACE [] (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)

See Attached Well location

B 1 06891 SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER

10-94-0167
 fill in this form completely

B 2 **OWNER INFORMATION**

Date Received (APA) 07/22/94

UIGSON UIGSON
 15 Last Name Owner First Name

6765 KVINDCLELINCURAY
 36 Street or RFD 55

1110MB14 2121040
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HEWARD
 8 COUNTY 21

OFFICE PARK WALK
 23 SUBDIVISION 42

SECTION LOT 21
 44 46 48 50

HEGLAND
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI
 73 76 77 78

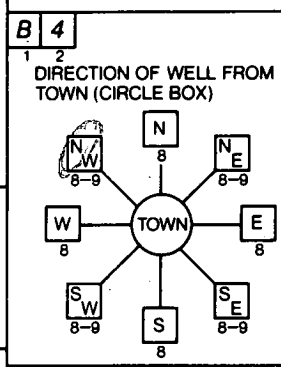
DRILLER INFORMATION

Joseph L. Mayne 24
 Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling
 Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771
 Address

Joseph L. Mayne 7/22/94
 Signature Date



Tobacco Drive
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

70
 34 DISTANCE FROM ROAD 37

ENTER FT or MI FT
 38 39

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 1 2 3 4 5 6 7 8 9 10 11 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 13 14 15 16 17 18 19 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HEWARD COUNTY A 33520
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED 081794 Joseph M. Miller 8/7/95
 43 48 CO SIGNATURE EXP. DATE

NORTH GRID 001000 EAST GRID 001000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 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 DEEPEINED 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

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP
 54 63

FORCE FM WRITE INITIALS IN BOX 67 68 PERMIT No. 10-14-0167
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

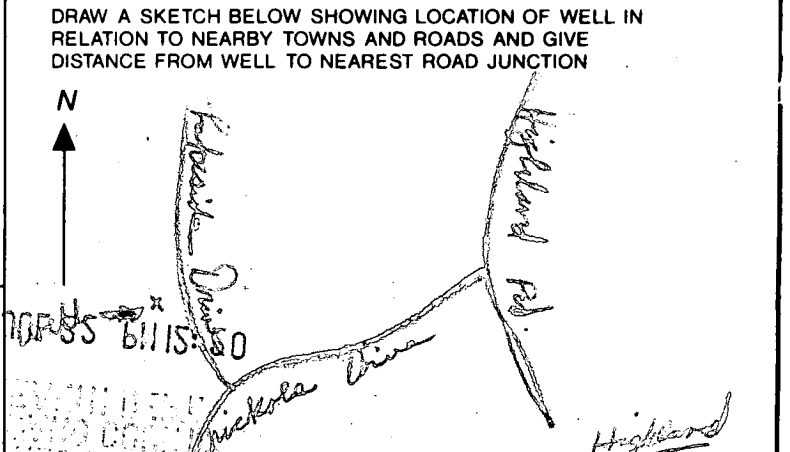
SOURCES OF DRILLING WATER

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

806
500

000
000



SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0167
 Location of property (road) LAKESIDE DRIVE
 Subdivision BRIGHTON PINE Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner DOUG WILSON

Depth of well 325'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 11:35 Pumping rate 20 gpm.
 Total time 15 min. to reach pumping water level 112' ft./below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:50	118'	3 sec.	N/A	20 gpm.
12:05	113	10		6
12:20	112	10		6
12:35	112	10		6
12:50	112	10		6
1:05	112	10		6
1:20	112	10		6
1:35	112	10		6
1:50	112	10		6
2:05	112	10		6
2:20	112	10		6
2:35	112	10		6
2:50	112	10		6
3:05	112	10		6

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer Keith Hundertmark Telephone 410-857-0255
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Nakman Telephone _____
Subdivision Brighton Pines Lot # _____ Well Tag # HO-94-0167
Site Address 13803 Lakeside Dr. Highland 20777

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make yes
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

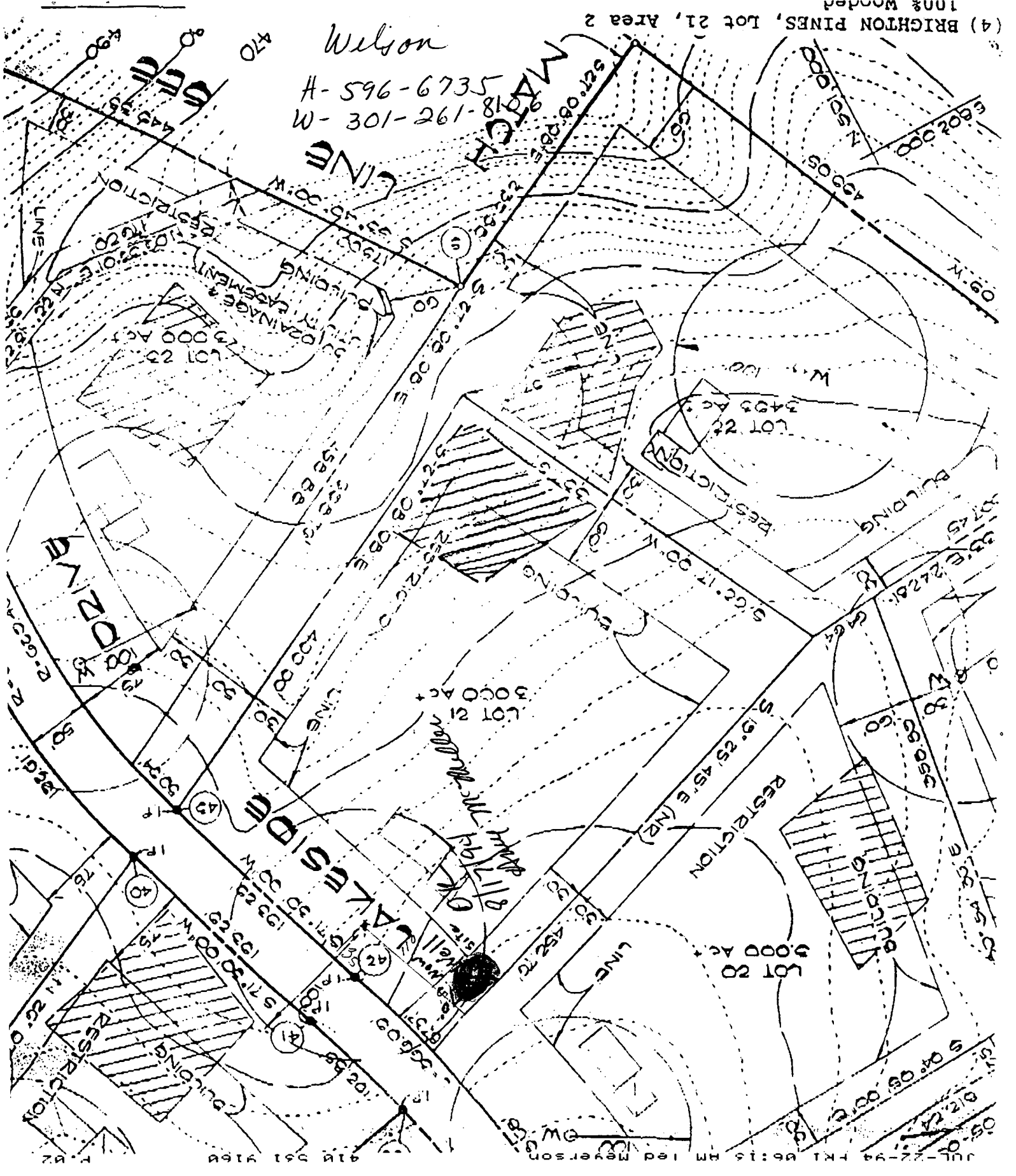
All information given above is true to the best of my knowledge.
10/29/98 - WPI OK Signature of Applicant: [Signature]
MR SRK Date: 10-9-98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

(4) BRIGHTON PINES, Lot 21, Area 2
100% Wooded

Wilson

H-596-6735
W-301-261-103





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

August 26, 2008

Ms. Lynde White
13803 Lakeside Drive
Clarksville, MD 21029


RE: 13803 Lakeside Drive

Dear Ms. White:

Testing was performed on July 31, 2008 and samples submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening revealed a **Gross Alpha** of 8.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.0 ± 2.0 pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equal to the **annual dose rate** of 4 millirems/year). At the time of testing and with respect to these parameters, your well water supply is safe for all uses.

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, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE, Water Mgmt.
✓ Well & Septic File

Send Report To:

Howard County Health Department
Bureau of Environmental Health
7176 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland

DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

HW-13803-0

Sample Bottle No. A: _____ No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: *Sydney White* County: *Howard*

Sample Source: *13803 Lakeside Dr.* Location: *spicket by well*
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: *[Signature]*

Telephone No: *410-313-4259*

Date Collected: *7/31/08*

Time Collected: *9:45* a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: *6.8* *0.0*

pH Chlorine

Remarks: *HW-94-3506 outside well* *7/31/08*

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<i>0230</i>	<i>8 ± 2</i>	<i>08/04/08</i>
✓	Gross Beta	4100	<i>0230</i>	<i>7 ± 2</i>	<i>08/04/08</i>
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: *07/31/08*

Supervisor: *[Signature]*

08/05 10:02

Please add 2 pages of radium info to



10/28/98
- 2750
10/29/98
AM & LATER

PERMIT INDEXED

P 511060

SEWAGE DISPOSAL SYSTEM

A 33520

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-398592

DISTRICT 5th

DATE 10/22/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 10/29/98

INSPECTOR [Signature]

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Brighton Pines LOT 21 ROAD 13803 Lakeside Drive

PROPERTY OWNER ~~Burt & Debbie Waxman~~ White

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LOG. PERMIT SIGNED
AND RETURNED 5-6-99
Serial # Bro' 17757
Inground 2nd.