

C 1 34114

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE Received MM 03 DD 20 YY 13

DATE WELL COMPLETED

MM 03 DD 12 YY 15

Depth of Well

22 480 26 (TO NEAREST FOOT)

OK 3/17/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 14 - 0139

28 29 30 31 32 33 34 35 36 37

OWNER Land Design + Development WELL SITE ADDRESS last name mariottsv:lle Rd first name TOWN mariottsv:lle SUBDIVISION Myers Property SECTION LOT 4

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. Rows include Soil, Brown shale, Sandstone, Brown shale, Gray Rock, Brown shale, Hard Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 2220 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

C 2

DEPTH (nearest ft.)

Table for screen depth with columns for depth and slot size.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 135 ft. WHEN PUMPING 290 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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 (nearest foot) 50 51

LATITUDE 39.32099 LONGITUDE 76.8971 (DEFAULT COORD. WGS 84)

NOTES: Prop Line 20' 30 bags = 3.75 bags / 10' 10'

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 W D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 902

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

B 1	23812	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-14-0139</u> <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Land Design + Development Owner First Name _____ 34

36 5300 Dorsey Hall Drive, Suite 102 Street or RFD _____ 55

57 Ellicott City Town State MD Zip 21043 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Myers Property 42

SECTION _____ LOT 4 48 50

52 NEAREST TOWN Marrattsville 71

DRILLER INFORMATION

Driller's Name Michael Barlow MWD 355 License No. _____ 81

Firm Name Barlow Well Drilling

Address 522 Underwood Lane 21014

Signature _____ Date 10/6/14

SOURCES OF DRILLING WATER

1. Well

2. _____

3. _____

Marrattsville Road STREET ADDRESS _____ 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 10 BLK: 10 PARCEL 32

WELL INFORMATION

B 2

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A537354 COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____ 41

DATE ISSUED 11/10/14 CO SIGNATURE Sgt. Williams EXP. DATE 11/10/15

43 MM DD YY 48

1/6/15

APPROXIMATE DEPTH OF WELL 250 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REverse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED 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

39 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 DEEPEIN AN EXISTING WELL

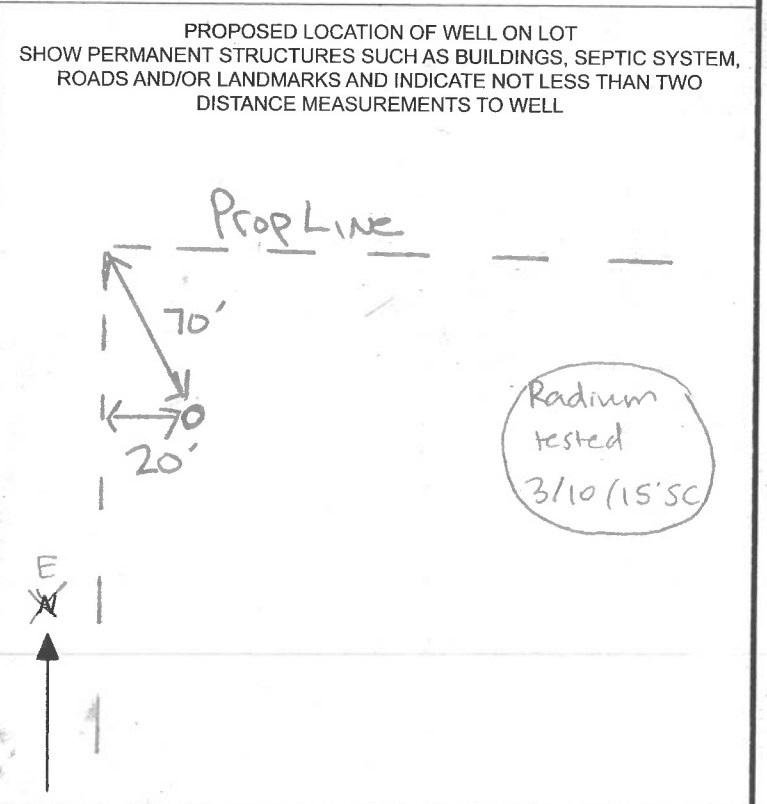
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-14-0139

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Radium sample required at time of yield test



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed:		March 10, 2015	
Well Depth:		480	feet
Customer	Land Design & Development	Permit #	HO-14-0139
Road	Marriottsville Road	Subdivision	Myers Property
City	Marriottsville	Section	
State	Maryland	Lot #	4

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
11:30 AM	135	4	15.00
11:45 AM	243	6	10.00
12:00 PM	290	15	4.00
12:15 PM	290	15	4.00
12:30 PM	290	15	4.00
12:45 PM	290	15	4.00
1:00 PM	290	15	4.00
1:15 PM	290	15	4.00
1:30 PM	290	15	4.00
1:45 PM	290	15	4.00
2:00 PM	290	15	4.00
2:15 PM	290	15	4.00
2:30 PM	290	15	4.00
2:45 PM	290	15	4.00
3:00 PM	290	15	4.00
3:15 PM	290	15	4.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4855
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Russell George License# PI0148

*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: Columbia Builders Telephone #: _____
Subdivision: _____ Lot #: 4 Well Tag #: HO -14 -0139 4/22/21
Site Address: 1785 Marriottsville Road well tag missing
Marriottsville, Maryland 21104

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5g 1h 2 wira</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>4</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: <u>Yes</u>
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>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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.

Robert L. Feezer Authorized Signatory February 26, 2021
Signature of company representative responsible for installation Russell George date

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

Date Insp. Requested: 4/22/21 Date Insp. Approved: 10/26/21 Inspector: RR (SR)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/> - Well tag missing
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/> - most of sleeve was already buried-requested they uncover for inspection
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

✓ 10/26/21

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – April 27, 2022

October 27, 2021

Homeowner
1785 Marriottsville Road
Marriottsville, MD 21104

RE: Myers Property, Lot 4
1785 Marriottsville Road
Building Permit: B20004451
Well Permit: HO-14-0139

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 **8/25/2021**. Final approval of the well line connection to the dwelling was granted on **10/26/2021**. The well construction was completed on **3/12/2015**. Water samples were collected on **9/22/2021, 9/30/2021, 10/6/2021**.

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 **3/10/2015**. Results showed a Gross Alpha level of **22.2 ± 2.9 pCi/L** and a Gross Beta level of **9.0 ± 2.2 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), post-treatment water samples were collected on **10/11/2021** and indicated a combined Radium 226/228 level of **<0.9 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 yearly radionuclide analysis.

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

3. If you decide to sell or rent your home in the future, you must 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.**

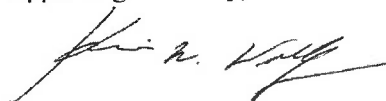
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0139. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 "[Homeowner Fact Sheet](#)" 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,



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

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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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>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
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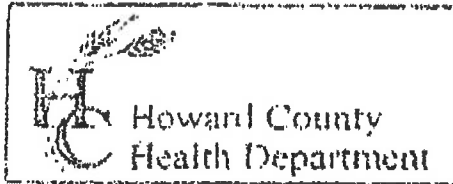
Robert L. Feezer Well & Septic Permit Form
to be filled out prior to installation February 26, 2021
Signature of company representative responsible for installation _____ date _____
Russell George

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

Date Insp. Requested: 4/22/21 Date Insp. Approved: 10/26/21 Inspector: ER ST

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
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Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/> <u>well tag missing</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/> <u>most of sleeve was</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/> <u>already buried - requested</u>
	<input checked="" type="checkbox"/> <u>they uncover for inspection</u>

OK (Kenny)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

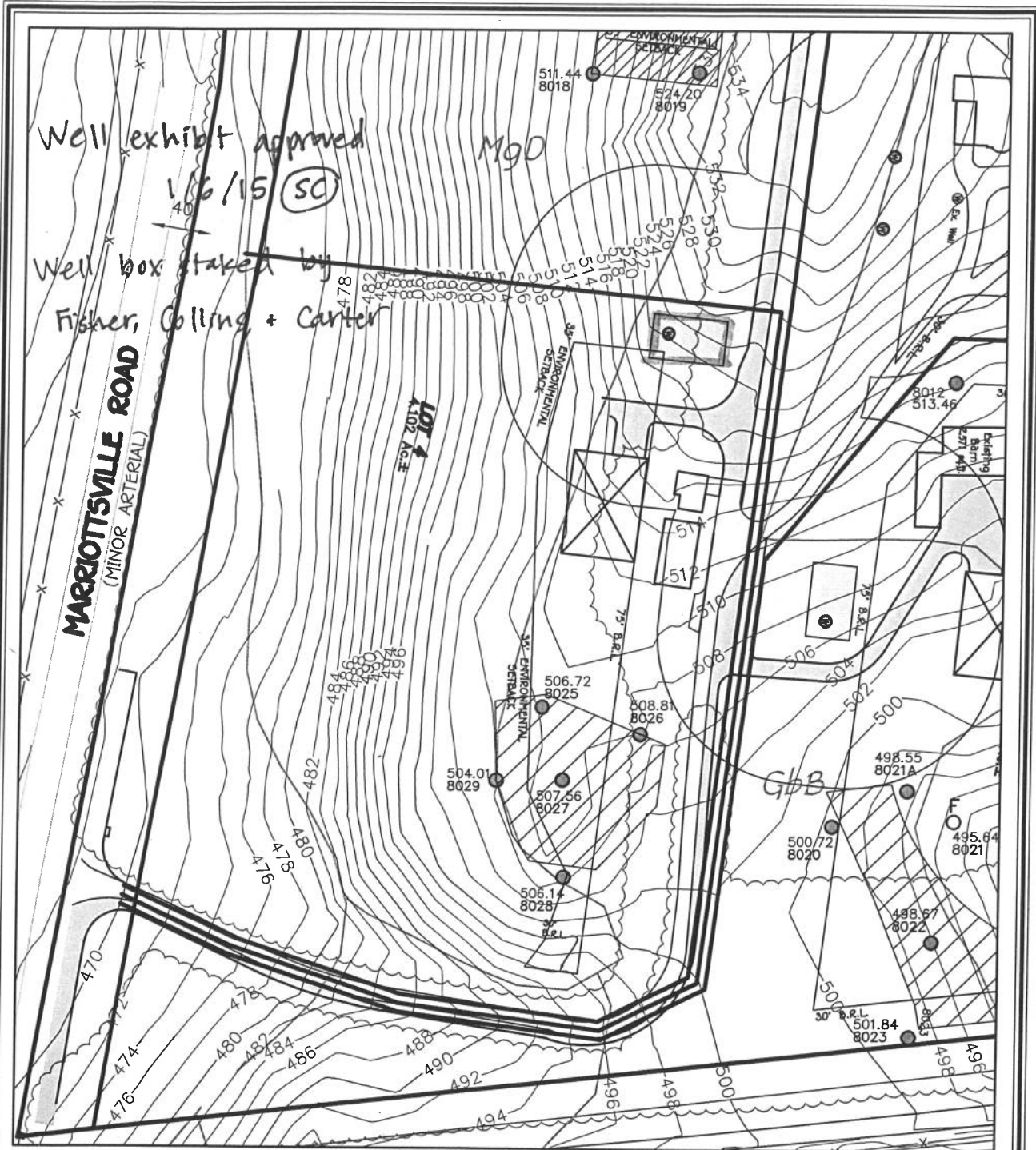
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- Myers Property
 The well site has been staked by Fisher, Collins + Carter
 (professional land surveyor or company employing professional land surveyors)
 on 12/2/2014 (date) and does not require a site inspection.
- 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 6/10/03



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

HO-14-0139

INFORMATION: GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND, 21230

WELL EXHIBIT
 LOT 4

MYERS PROPERTY

TAX MAP #10

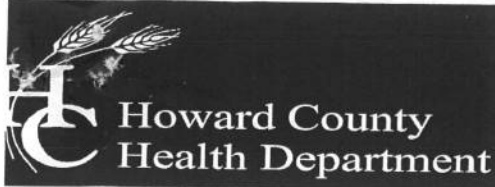
PARCEL: 32

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=100'

DATE: SEPTEMBER 29, 2014



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

Maura Rossman, M.D., Health Officer

May 13, 2015

Land Design & Development
5300 Dorsey Hall Drive
Ellicott City, Maryland 21043

RE: Myers Property Lot 4
Marriottsville Road
Well Tag: HO - 14 - 0139

To Whom it May Concern:

A sample was collected during a yield test on March 10, 2015 and submitted to the Department of Health & 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. 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 22.2 ± 2.9 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.0 ± 2.2 pCi/L. The **Gross Alpha** result was above 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).

At the time of testing and with respect to these parameters, the future well water supply **does not** meet EPA regulatory standards. Given the elevated readings (both initial and confirmatory) for **Gross Alpha**, additional testing for these parameters will be required to secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓cc: Property file

SEND REPORT TO: Bert Nixon
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No.
 1739 E 11 B

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Myers Property County: Howard

Sample Source: Well - 1305 Marriottville Rd. Lot 4 Location: HO-14-0139

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

(Well no., lab sink, sample tap, etc.)

County 1 3

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: Federal Project: 5

Collector: Sarah Collins Telephone No.: 410-313-6287

Date Collected: 3/10/15 Time Collected: _____ a.m. 12:50 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken during yield test

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1739	EPA 906.0	22.2 ± 2.9	3/12/15	MS	3/19/15
<input checked="" type="checkbox"/>	Gross Beta	4100	1739	EPA 900.0	9.0 ± 2.2	3/12/15	MS	3/19/15
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input checked="" type="checkbox"/>	Gross Alpha - Conf		1739	EPA 906.0	16.5 ± 2.6	3/12/15	MS	3/19/15
<input checked="" type="checkbox"/>	Gross Beta - Conf		1739	EPA 900.0	7.2 ± 2.1	3/12/15	MS	3/19/15

Date Received: 3/11/15 Received By: Kathy Jones
 Data Release Signature: Delia Sch Miller - Jure Date: 3/19/15

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

CUSTOMER COPY II

SEND REPORT TO: Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

Lab No.

1738 2115

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field blank

County: Howard

Sample Source: Distilled H₂O

Location: HCHD lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank

Bottle A _____
Bottle B _____

County 13

Plant No. _____

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: _____

Federal Project: 5

Collector: Sarah Collins

Telephone No.: 410-313-6287

Date Collected: 3/10/15

Time Collected: _____ a.m. 3 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: _____

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1738	EPA 900.0	<2.0	3/12/15	MS	3/19/15
<input checked="" type="checkbox"/> Gross Beta	4100	1738	EPA 900.0	<4.0	3/12/15	MS	3/19/15
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 3/11/15 Received By: Kathy Jones

Data Release Signature: Deborah Miller-Julk Date: 3/19/15

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 147946 Account #: 1920
Reference: Columbia Builders Client: Robert L Feezer Co
Location: 1785 Marriottsville Road Requested By: Linda Jones
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 10/11/2021 1152 Site: Laundry Tub
Date/Time Rec'd: 10/11/2021 1259 Treatment: Cartridge Filter/Softener
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: R. George 3611RG Well #: HO-14-0139

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	2.7	pCi/L	15	900.0	10/14/2021 / 0648 / MJN
Gross Beta, Short Term	<1.5	pCi/L	50	900.0	10/14/2021 / 0648 / MJN
Gross Alpha, Long Term	1.5	pCi/L	15	900.0	10/22/2021 / 0729 / MJN
Gross Beta, Long Term	<1.4	pCi/L	50	900.0	10/22/2021 / 0729 / MJN
Radium-226	0.3	pCi/L	****	903.1	10/20/2021 / 1046 / MJN
Radium-228	<0.6	pCi/L	****	Ra-05	10/20/2021 / 1042 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Gross Alpha, Long Term Detection Limit: 1.2 pCi/L; Gross Alpha, Long Term Error: +/- 1.0 pCi/L
- Gross Alpha, Short Term Detection Limit: 0.9 pCi/L; Gross Alpha, Short Term Error: +/- 1.0 pCi/L
- Gross Beta Long Term Detection Limit: 1.4 pCi/L; Gross Beta Error: +/- 0.9 pCi/L
- Gross Beta, Short Term Detection Limit: 1.5 pCi/L; Gross Beta Error: +/- 0.9 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.1 pCi/L; Radium 226 Error: +/- 0.1 pCi/L
- Radium 228 Detection Limit: 0.6 pCi/L; Radium 228 Error: +/- 0.4 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Sample collected by client, analyzed as received
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 20004451

Date Reported: 10/25/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 147441 Account #: 1920
Reference: Columbia Builders Client: Robert L Feezer Co
Location: 1785 Marriottsville Road Requested By: Linda Jones
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 9/22/2021 1230 Site: Pressure Tank
Date/Time Rec'd: 9/22/2021 1509 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Yeager 0819JY Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	144.5	MPN/ 100 ml	<1.0	SM20 9223B	9/23/2021 / 0930 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/23/2021 / 0930 / TSD
Nitrate	<1.0	mg/L	10	601	9/23/2021 / 0830 / TSD
Turbidity	4.00	NTU	<10	SM20 2130B	9/22/2021 / 1620 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	9/22/2021 / 1615 / TSD

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 20004451

Date Reported: 9/23/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 147732 Account #: 1920
Reference: Columbia Builders Client: Robert L Feezer Co
Location: 1785 Marriottsville Road Requested By: Linda Jones
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 9/30/2021 1330 Site: Pressure Tank
Date/Time Rec'd: 9/30/2021 1511 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Yeager 0819JY Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2021 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2021 / 1030 / CRS

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 20004451

Date Reported: 10/1/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 147863 Account #: 1920
Reference: Columbia Builders Client: Robert L Feezer Co
Location: 1785 Marriottsville Road Requested By: Linda Jones
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 10/6/2021 1143 Site: Pressure Tank
Date/Time Rec'd: 10/6/2021 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: J. Yeager 0819JY Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/7/2021 / 1030 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/7/2021 / 1030 / TSD

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 20004451

Date Reported: 10/7/2021

