C 1 | 8747 | SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY NUMBER (13) A517422

ST/CO USE ONLY
DATE Received MM DD YY (8–13)

DATE WELL COMPLETED MM 01 DD 25 YY 07 (15–20)

Depth of Well 240 (TO NEAREST FOOT) (22–26)

7/19/91 OK (KW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0573 (28–37)

OWNER DeFrancis (last name) (first name)

STREET OR RFD Running Fence Lane TOWN Clarksville

SUBDIVISION Walnut Grove SECTION LOT 16

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	FEET TO	check if water bearing
Top Soil	0	1	
Clay	1	12	
Sandy	12	45	✓
Sand Stone	45	50	
MICKA	50	120	
Sand Stone	120	125	✓
MICKA	125	240	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y (44) no N (44)

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. M S D 1117 (signature)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D 1117 (signature)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM (45 46) BENTONITE CLAY BC (45 46)

NO. OF BAGS 20 NO. OF POUNDS 200

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 30 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	58 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL; BR BRASS BRONZE; HO OPEN HOLE; PL PLASTIC; OT OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8 9)	56 (11 15)	240 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

from ____ to ____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 8.5 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 12 (17 20) ft.

WHEN PUMPING 48 (22 25) ft.

TYPE OF PUMP USED (for test)

A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

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. S (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

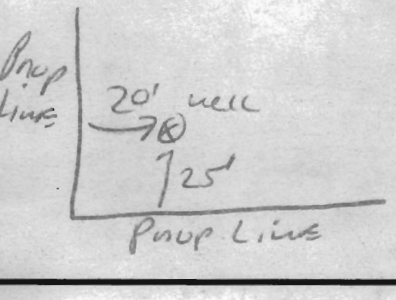
PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above; – below (49) LAND SURFACE 2 (nearest foot) (50 51)

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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 0537 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

525642

STATE PERMIT NUMBER: Ho-95-0573

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner: Land Management Consultants
First Name:
Street or RFD: 3060 Rt. 97
Town: Glenwood
State: MD
Zip: 21738

DRILLER INFORMATION

Driller's Name: Ralph E. Mayne
License No.: M D 112
Firm Name: Ralph E. Mayne Inc
Address: 17024 Hamby Rd. Mt Airy MD. 21771
Signature: Ralph E. Mayne
Date: 11-11-06

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: H02005G006

PERMIT No. Ho-95-0573

B 3 LOCATION OF WELL

COUNTY: Howard
SUBDIVISION: Walnut Grove
SECTION:
LOT: 16
NEAREST TOWN: Clarksville
MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW 8-9, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

NEAR WHAT ROAD: Running Fences LA.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 170 FT

TAX MAP: 28 BLK: 18 PARCEL: 204 74

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard (13) COUNTY NO.: A517422
STATE SIGNATURE
INSERT S
DATE ISSUED: 12/4/2006 CO SIGNATURE: Brian Baker EXP. DATE: 12/4/2007
NORTH GRID: 507 000 EAST GRID: 817 000

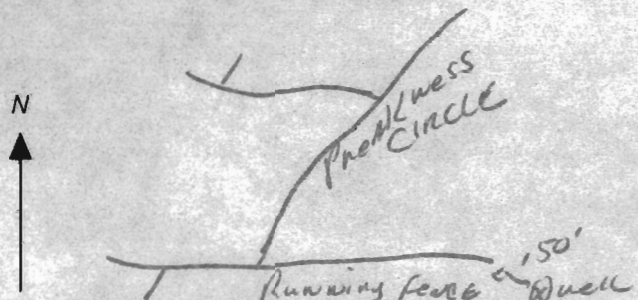
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8187
N 5087

1/25/07 Got Radium Sample During Yield Radium Test. BB

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

DENV-Permit 97

② COUNTY

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: Do It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9955 old mill rd
Ellicott City md 21042

(Must circle one) Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Duane Calbert License# 21899
***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: TBF Telephone #: 410-480-0023
Subdivision: Walnut Grove Lot #: 16 Well Tag # : HO-95-05573
Site Address: 12201 Running Fence Ln
Clarksville md

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: Myers	Make: American Granby	Two piece watertight cap: yes
Model #: 22852-16 Plus 44-2	Model#: PT800	Screened, vented well cap: yes
Pump Capacity 12 GPM	Depth: yes (36" min)	Cap secured to casing: yes
Well Yield: 8 GPM	NSF approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 240 (feet)		Conduit secured to well cap: yes

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 no

Piping to house	**House Connection**
Type: Plastic - one inch	PVC sleeved to undisturbed soil at wall penetration: yes
PSI: yes (160 psi min)	Approximate length of sleeve: 10 Ft
Depth of supply line: yes (36" min)	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 — Oct 31 2012 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 #: 16 Well Tag # : HO - 95 - 0573
Site Address: 12201 Running Fence Ln.
_____

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
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 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 or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ____

Piping to house	**House Connection**
Type: _____	PVC sleeved to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	Approximate length of sleeve:_____
Depth of supply line: ___(36" min)	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: _____ Date Insp. Approved: 4/19/2012 (BB)
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

7178 Columbia Gateway Dr., 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 application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

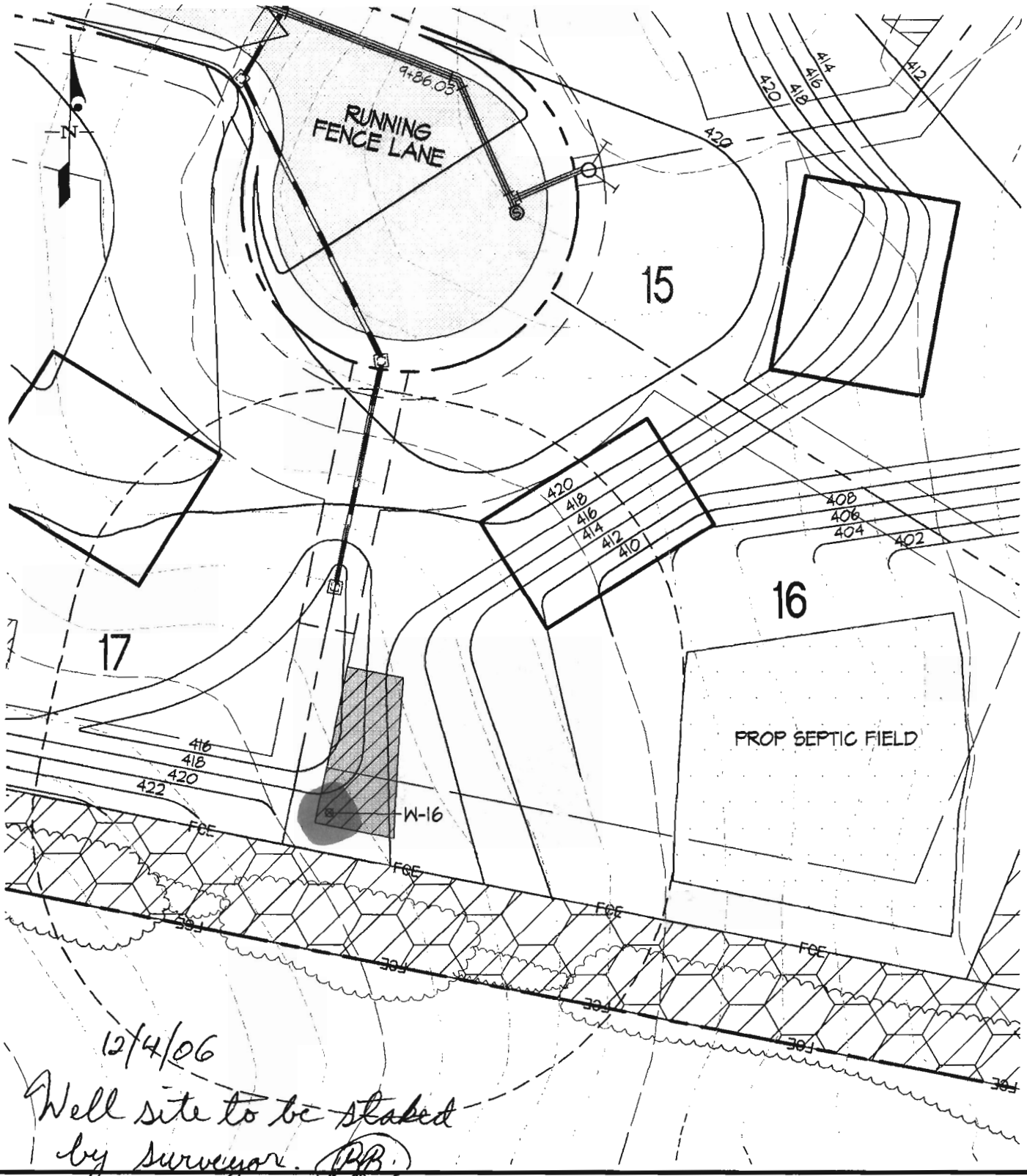
Walnut Grove	16	Running Fence Lane
Subdivision/Property Name	**Lot #**	**Road Name**

- ■ Staking to take place after initial review (as discussed with Bob Weber).
- ☐ The well site has been staked by _____ ,
  (professional land surveyor or company employing professional land surveyors)
  on _____ (date) and does not require a site inspection.

- ☐ The well driller, builder or property owner will call the Health Deparatment 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



LEGEND

PROPOSED LPSS

PROPOSED STORM DRAIN

HOUSE BOX

WELL BOX

W-05 WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 16

WALNUT GROVE

Lots 1 thru 88, Buildable Preservation Parcel "A", Non-Buildable Preservation Parcels "B" Thru "I" And and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS

3909 NATIONAL DRIVE – SUITE 250 – BURTONSVILLE OFFICE PARK

BURTONSVILLE, MARYLAND 20866

TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'	ZONING: RC/RR-DEO	TAX MAP/GRID: 28-18/17	GLW JOB NO: 00153	OCT., 2006	1 OF 1

Howard County Health Department

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

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES
Expiration Date – June 4, 2013

December 4, 2012

Homeowner
12201 Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 16
12201 Running Fence Lane
Building Permit: B12000281
Well Permit: HO-95-0573

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 **5/2/2012.** Final approval of the well line connection to the dwelling was granted on **4/19/2012.** The well construction was completed on **1/25/2007.** Water samples were collected on **11/12/2012 & 11/16/2012.**

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 **1/25/2007**. Results showed a Gross Alpha level of **8.5** ± 1.5 **pCi/L** and **Gross Beta** level of **9.3 ± 1.3 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.

The untreated water sample collected on **11/12/2012** indicated a nitrate level of **17.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **11/16/2012** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less.**

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 nitrates analysis perform a yearly nitrate analysis.

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-95-0573. 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

Approving Authority,

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

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

TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue, Suite 301
Ellicott City, Maryland 21043

S/O Number: 87243

Report Date: November 13, 2012

Property Sampled: 12201 Running Fence Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12000281
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove
Map: 28 **Parcel:** 74 **Lot #:** 16

Date/Time Collected in Field: November 12, 2012 @ 12:17 pm
Date/Time Received in Lab: November 12, 2012 @ 2:01 pm

Well Tag #: HO-95-0573
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

Nitrates FAIL!
Bacteria, Sand OK
11/14/12 HS

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	**17.0 mg/L as N**	**FAIL**
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.1 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue, Suite 301
Ellicott City, Maryland 21043

S/O Number: 87297

Report Date: November 19, 2012

Nitrate Retest #1

Property Sampled:	12201 Running Fence Lane, 21029	**Building Permit #:**	B12000281
Sample Location:	Reverse Osmosis (R/O) Tap	**Sampler ID #:**	7483AM
Residual Chlorine:	<0.1 mg/L	**Samples Iced:**	Yes

County:	Howard	**Subdivision:**	Walnut Grove		
Map:	28	**Parcel:**	74	**Lot #:**	16

Date/Time Collected in Field: November 16, 2012 @ 11:54 am
Date/Time Received in Lab: November 16, 2012 @ 12:44 pm

Well Tag #: HO-95-0573
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, Reverse Osmosis

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Nitrate OK
12/4/12

Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

Howard County Health Department

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

REQUEST FOR PERMANENT DEVIATION TO NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/3/12 WELL PERMIT # : HO - 95 - 0573

PROPERTY OWNER: Dharmesh + Neha Shah
SUBDIVISION & LOT #: Walnut Grove lot 16
PROPERTY ADDRESS: 12207 Running Fence Ln. Clarksville, MD 21029

CONDITIONS:

1) The well installed under permit # HO 95-0573 has been documented to have a nitrate level of 17.0 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 4.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO 95-0573 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) **[Person(s) that intend to live in the dwelling]**

Neha Shah _____

Prospective Owner's Day Time Phone Number(s)

410-258-3868 202-607-9690

Howard County
Health Department

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

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

February 5, 2007

Walnut Grove, LLC
16705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot #16
Well Tag: HO-95-0573

To Whom It May Concern:

A sample was collected from a yield test on January 25, 2007 and submitted to GPL 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 **8.5 ± 1.5 picocuries/liter (pCi/L);** while the **Gross Beta** level was **9.3 ± 1.3 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

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Send Report To:

_____

_____

_____

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

WG16BB950573

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

Plant/Site Name: Walnut Grove - Lot 16 **County:** _____

Sample Source: Running Fence Lane **Location:** H0-95-0573
(well no., lab sink, sample tap, etc.)

County: ☐☐ **Plant No.** ☐☐☐☐☐☐☐☐☐

CHECK (one per box)

Drinking Water ☒	Community ☐	Source (raw water) ☒	Emergency ☐
Landfill ☐	Non-community ☐	Distribution (treated) ☐	Routine ☒
Stream ☐	Private ☒	MCL ☐	Recheck ☐
Other ☐	Other ☐		Special ☐

Collector: Brian Baker **Telephone No:** x2643

Date Collected: 1 / 25 / 2007 **Time Collected:** 10:30 **a.m.** _____ **p.m.**

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☒

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** _____ _____
pH Chlorine

Remarks: Sample Taken During Well Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	70144-003	85 ± 15	1/30/07
✓	Gross Beta	4100		93 ± 13	
	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: _____ / _____ / _____

Supervisor: _____

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

FORM REVISED 02/06
DHMH 4540 02/06

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