c1 6136	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 PUN IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DD YYY 8 13	DATE WELL COMP	LETED Depth of Well Y1 22 300 26 20 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-12 28 29 30 31 32 33 34 35 36 37
OWNER ETM	Street I	Davelop mont	
STREET OR RFD	Lebrook 1	CA LANC first name TOWN	LOT PArcel 36
WELL LC Not required for de		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATION COLOR, DEPTH, THICKNESS AN	ID IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3 HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET check if water FROM TO bearing	CEMENT CM BENTONITE CLAY BC NO. OF BAGS 46 3 NO. OF POUNDS 45 48	PUMPING RATE (gal. per min.)
Soil	0 10	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
Soft shale	10 35	from $\frac{1}{48}$ TOP 52 ft. to $\frac{1}{54}$ BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Brown Shake 3	35 47	(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING $\frac{3}{17}$ ft.
Coranite L	17 300 ×	types insert appropriate code	WHEN PUMPING 185 ft.
WAter At		CODE below PLASTIC OTHER MAIN Nominal diameter Total depth	TYPE OF PUMP USED (for test) A air P piston T turbine
163'		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O dter (describe below)
165		<u>60 61 63 64 66 70</u>	jet Submersible
		E OTHER CASING (if used) A diameter depth (feet) H inch from to	
1.50			DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
1. C			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	1 1 2 3	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
		(appropriate code below PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
	22.2	below PL OTHER	PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL	WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
WELL HYDROFRACTURED	yes no	$E = \frac{1}{8} \frac{110}{9} \frac{300}{11} \frac{300}{15} \frac{3000}{17} \frac{110}{21}$	43 47 CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIA A WELL WAS ABANDONED	AND SEALED	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	49 LAND SURFACE (nearest)
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED		C 3 R 38 39 41 45 47 51 E	49 50 51 1001)
WELL I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL CONFORMANCE	HAS BEEN CONSTRUCTED IN WELL CONSTRUCTION" AND IONS STATED IN THE ABOVE	E SLOT SIZE 1 2 3 DIAMETER (NEAREST OF SCREEN INCH)	A LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
CAPTIONED PERMIT, AND THAT THE HEREIN IS ACCURATE AND COMPL KNOWLEDGE.	THE TO THE BEST OF MY	<u>56 60</u> from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M	SD 162	GRAVEL PACK	Site location to be
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON A	APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68 68 MDE USE ONLY	provided by
	WD766.	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	provided by Owner
SITE SUPERVISOR (sign. of d		70 72 74 75 76	•
responsible for sitework if differ		TELESCOPE LOG INDICATOR OTHER DATA	

DENV-CR00

COUN

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER SEQUENCE NO STATE OF MARYLAND (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL 25222_ please type 79 fill in this form completely Date Received (APA) B LOCATION OF WELL 3 IDR OWNER INFORMATION 8 13 MM DD 8 COUNTY 21 YY Developmen Stre m Last Name Owner First Name 34 23 SUBDIVISION 15 42 194 Drive SECTION LOT Street or RFD 55 11 46 mU 21042 Stor 10 Town 70 State 72 Zip 76 52 NEAREST TOWN 71 DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) 166 76 77 78 Michae LSOM DC M Driller's Name 76 License No. 81 B 4 Lane DUPL O.Thank DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Firm Name 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N Address 32 E S Date w 34 200 Signature TOW E 37 SOUTH В 2 WELL INFORMATION DISTANCE FROM ROAD APPROX. PUMPING RATE 2 ENTER FT OR MI 38 39 (GAL. PER MIN.) 12 s_w 750 S BLK: 13 AVERAGE DAILY QUANTITY NEEDED PARCEL TAX MAP: 20 (GAL. PER DAY) 14 USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D 628 Da 5 IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL COUNTY NAME COUNTY NO. F IRRIGATION STATE SIGNATURE INSERT S 22 INDUSTRIAL, COMMERICIAL, DEWATERING 1 DATE ISSUED P PUBLIC WATER SUPPLY WELL EXP. DATE 43 48 CO SIGNATURE TEST, OBSERVATION, MONITORING T EAST NORTH 000 000 GRID GRID G GEO-THERMAL SHOW MAJOR FEATURES OF BOX & LOCATE WELL '-APPROXIMATE DEPTH OF WELL ____ FEET WITH AN X SOURCES OF DRILLING WATER NEAREST APPROXIMATE DIAMETER OF WELL 0 1. Weil INCH 2. METHOD OF DRILLING (circle one) 3 JETTED Jetted & DRIVEN BORED (or Augered) 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) k WRITE THE BOX NUMBER 37 CABLE **REVerse-ROTary DRive-POINT** FROM THE MAP HERE other REPLACEMENT OR DEEPENED WELLS 000 (CIRCLE APPROPRIATE BOX) 000 N THIS WELL WILL NOT REPLACE AN EXISTING WELL N THIS WELL WILL REPLACE A WELL THAT WILL BE DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN Y ABANDONED AND SEALED RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS S 39 D THIS WELL WILL DEEPEN AN EXISTING WELL Gupu PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP, PERMIT NUMBER PERMIT No SPECIAL CONDITIONS 8 OULD USE SEPARATE SHEET IF NEEDED

HARR WELL DRILLING 12047 FALLS ROAD COCKEYSVILLE, MD 21030 410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 8-01-06	Permit Number: BA-
Address: Cavey Lane	Subdivision: Saddlebrook Farm L#36
Owner Name: Elm Street Devel	Election District:
Well Depth: 350 Ft	Static Water Level: 31 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill Sgallon bucket	Calculated Flow-Gallons Per Minute
1245	31 ft		17 sec	17.64
1300	47		17	17.64
1315	96		17	17.64
1330	122		19	15.78
1345	131		19	15.78
1400	140		20	15.00
1415	147		20	15.00
1430	153		20	15.00
1445	160		22	13.63
1500	166		22	13.63
1515	176		22	13.63
1515	181		22	13.63
1545	185		22	13.63

No. 3336 P. 4

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0//98/2006 10:15 FAX 17037340322

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🛿 002/002

To: Michael Charlton 720-3035

Saddlebrook Farm

Progress Report

August 4, 2006

LOT	DEPTH	YIELD	DRYHOLES
Parcel 36 1 2 3 4 5 6 7 8 9 10 11 12 Parcel F	350' 70' 300' 75' 300' 300' 300' 300' 300' 300' 300' 30	13.63 1/4 gpm 15.00 12.00 12.50 9.37 15.00 15.00 17.64 17.64 17.64 1.05 11.11 20.00	Existing Well that was deepened Existing Well none none none (1) 200' none (1) 200' none (1) 200'
			none

*Drillers Estimate, official yield test pending.

Und 4 2000 14:22 6 01

SNOS AARH ARBOTE D

HARR WELL DRILLING 12047 FALLS ROAD COCKEYSVILLE, MD 21030 410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 8-01-06 Address: Cavey Lane Owner Name: Elm Street Devel Well Depth: 350 Ft

. '

Permit Number: BA-95-1127 Subdivision: Saddlebrook Farm L#36 Election District: Static Water Level: 31 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1245	31 ft		17 sec	17.64
1300	47		17	17.64
1315	96		17	17.64
1330	122		19	15.78
1345	131		19	15.78
1400	140		20	15.00
1415	147		20	15.00
1430	153		20	15.00
1445	160		22	13.63
1500	166		22	13.63
1515	176		22	13.63
1530	181		22	13.63
1545	185		22	13.63

To: Stuart Oster

r - 1

From: Michael Isom, G. Edgar Harr Sons' Corp

The enclosed permits for lots 3 & Parcel 36 are to acquire tags for existing wells that we have deepened or brought above grade. The permit for lot 1 is a request to drill a replacement well, because the existing well failed its yield test. I believe that you have spoken with Michael Charlton from Elm Street Development about it already. They are anxious to drill lot 1, and we will drill it as soon as you can approve the permit. Please call me at 410-252-4588 if you have any questions. Thank You.

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

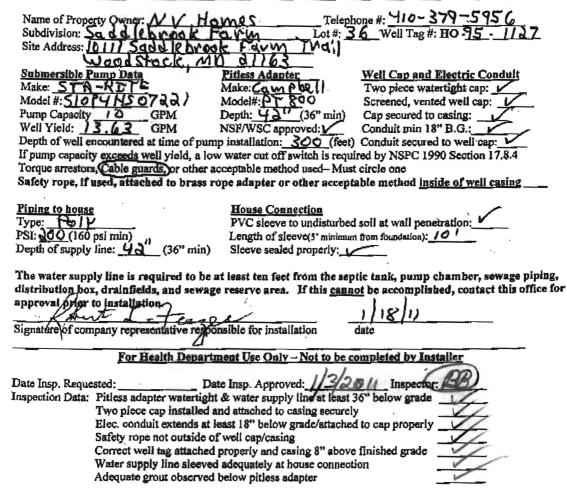
NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD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

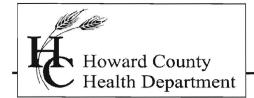
Company Name Robert L Feerly Co., Juc Telephone #: 410-781-4655_ Address: 6331 Barnett AVe. Syketville, MO a 1784

(Must circle one Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Robert L, Feezer Licensed Well Pump Installer Licensed Well Pump Installer

Name (Print): Robert L, Feezer Licenset 212 2 *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.





Website: www.hchealth.org

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

January 28, 2011

Homeowner 10111 Saddlebrook Farm Trail Woodstock, MD 21163

RE: Saddlebrook Farm, Lot Par 36 10111 Saddlebrook Farm Trail BP #: B10002917 Well Tag: HO-95-1127

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 01/10/2011. Final approval of the well line connection to the dwelling was approved on 01/03/2011.

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 01/24/2011. Results showed a Gross Alpha level of **4.7** +- **1.6 pCi/L** and **Gross Beta** level of **4.5** +- **1.4 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-1127 Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples:01/24/2011Date of Well Completion:05/17/2007

Approving Authority,

rian Baper

Brian Baker, R.S. Environmental Sanitarian Well & Septic Program

cc: Building Inspector's Office Community Hygiene Program File

	tori					m / Email: info@tracelabs.com
					Maryland State Ce	rtified Laboratory #318
			CERTIFICAT	E OF ANA	ALYSIS	
Requester:					S/O Number:	80189-1 Amended
NV Homes, Inc.					Report Date:	January 25, 2011
6085 Marshalee						Dana Carriela
Elkridge, Maryla	na 210	15				Raw Sample
Property Sampl			dlebrook Farm Tr	ail, 21163	Building Permit #:	B10002917
Sample Location Residual Chlori		Pressure T <0.1 mg/L			Sampler ID #: Samples Iced:	9813AM Yes
Kesidual Cinori	ц¢,	~0.1 IUg/L			Samples iced;	165
County:	Howa	ard	Subdivision:		llebrook Farms	
Map:	11		Parcel:	19	Lot #:	36
Date/Time Colle Date/Time Rece			January 24, 201 January 24, 201			
Well Tag #:			HO-95-1127			
Well Condition:			2-Piece Cap, Sa	tisfactory		
Water Treatme	nt/Con	ditioning:	Neutralizer, Sof	tener		
PARAMETE	R	METH	OD MC	CL/*SMCL	RESULT	PASS/FAIL
Total Coliforn	n	SM 92		Absent	Absent	Pass
E. coli	Set See t	SM 92.	1	Absent	Absent	Pass
Nitrate	i sen singing	SM 450			6.8 mg/L as N	
Turbidity pH	si baha	EPA 18	A 11 12 12 14 14	10 NTU 5-8.5 Units	1.2 NTU 7.2 Units	Pass
Sand		EFA I.		Negative	Negative	an a
Janu			Liter di		110gativo	<u></u>

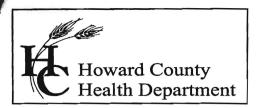
Katherine C. Higgs Administrative Assistant

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	1	B	TRACE I	LABORATORIES, INC 5 North Park Drive
Laborator	ics			Hunt Valley. MD 21030 USA /584-9099 / Fax: 410/584-9117 om / Einail: into@tracelabs.com
V			Maryland State Ce	rtified Laboratory #318
	CE	RTIFICATE OF A	NALYSIS	
Requester:			S/O Number:	80189-2 Amended
NV Homes, Inc. 6085 Marshalee Drive			Report Date:	January 25, 2011
Elkridge, Maryland 2	1075			Treated Sample
Property Sampled: Sample Location: Residual Chlorine:	10111 Saddlebro Test Cock After <0.1 mg/L	ook Farm Trail, 2116 Treatment	Building Permit #: Sampler ID #: Samples Iced:	B10002917 9813AM Yes
County: Ho Map: 11	oward Sub Par		ddlebrook Farms Lot #:	36
Date/Time Collected Date/Time Received		uary 24, 2011 @ 11:10 uary 24, 2011 @ 12:30		
Well Tag #: Well Condition:		9-95-1127 iece Cap, Satisfactory		
Water Treatment/Co	nditioning: Neu	utralizer, Softener		
PARAMETER	METHOD	MCL/*SMC	L RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as	a a a a a a a a a a a a a a a a a a a	Pass
Turbidity	EPA 180.1 EPA 150.1	10 NTU *6.5-8.5 Uni	6.5 NTU	Pass
pH Sand	Ballen EPA 150.1	Negative	ts 8.1 Units Negative	an ha dharan a shekaran a
1.7 44 54 VA				·
				-
			Katherine	C. Huggs
			Katherine C. Higgs	0 0
			Administrative Assis	stant

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.



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

May 23, 2007

Shalehearth L.C. 6820 Elm Street Suite 200 McLean, Virginia 22101

RE: Saddlebrook Farm, Parcel 36 Well Tag: HO-95-1127

To Whom It May Concern:

A sample was collected from a yield test on December 13, 2006 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 19.7 ± 3.1 picocuries/liter (pCi/L); while the Gross Beta level was 11.5 ± 1.5 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 target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

Since the Gross Alpha finding exceeded its MCL, additional testing for Radium will be necessary to verify existing levels prior to occupancy. Alternatively, you may install treatment designed to reduce Gross Alpha, Gross Beta and Radium, plus provide post treated results (short and long term GAGB, plus Radium) confirming that levels are in conformance with existing standards. Additionally, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process. Moreover, keep in mind that the standard potability parameters required for occupancy will still be needed.

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

Bert Nixon, Deputy Director Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
 Well & Septic File
 Zach Fish; FSH Associates, 6339 Howard Lane, Elkridge., MD 21075

TRA Labora	ACE afories			Telephone: 410/ Website: www.tracelabs.com	ABORATORIES, INC 5 North Park Drive Hunt Valley, MD 21030 USA 584-9099 / Fax: 410/584-9117 m / Email: info@ tracelabs.com rtified Laboratory #318
	······································	CERTIFICATE	OF ANA	LYSIS	
Requester:				S/O Number:	80189-2
	Drive Suite 130			Report Date:	January 27, 2011
Elkridge, Maryla	and 21075				Treated Sample
Property Samp Sample Locatio Residual Chlori	n: Test Cock	ldlebrook Farm Trail, After Treatment		Building Permit #: Sampler ID #: Samples Iced:	B10002917 9813AM Yes
County: Map:	Howard 11	Subdivision: Parcel:	Saddle 19	brook Farms Lot #:	36
Date/Time Coll Date/Time Rece		January 24, 2011 @ January 24, 2011 @			
Well Tag #: Well Condition	:	HO-95-1127 2-Piece Cap, Satisf	actory		
Water Treatme	ent/Conditioning:	Neutralizer, Soften	er		
PARAMETER	METHOD	DETECTION LIMIT	MCL	* RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.3 pCi/L	15 pCi/	-	Acceptable
Gross Beta	EPA 900.0	2.0 pCi/L	50 pCi/	$^{\prime}L$ 4.5 ± 1.4 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

DOMINO

Katherine C. Higgs Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA Analysis completed by Laboratory #278

Bes	Report To: <u> t</u> <u>Nixon</u>	DHMH - La Division of I	ate of Maryland boratories Administration Environmental Chemistry ON LABORATORY		
		201 W. Preston Stre	eet, Baltimore, Maryland 2 Boy, Dr. P.H., Direct	21201 -	4. 1127
		LABORATORY	Y ANALYSIS RE	QUEST	
Plant/ amp Count CHEC Drink Landf Stream Other Collec Date	CK (one per box) ing Water in n Ctor:KewnM Collected:/3	Plant No.	Location:	Mile No. A: County: $Hold Rightarrow (well no., lab sink, san (well no., lab sink, san Mile Recheck Special Hild - 2/3 Mile Recheck Special Hild - 2/3 Hild - 2/3 Mile Recheck Special Hild - 2/3 Hild - 2/3 Mile Recheck Special Hild - 2/3 Hild - 2/3 Mile Recheck Special Hild - 2/3 Hild - 2/3 Mile Recheck Special Hild - 2/3 Hild - 2/3 Mile Recheck Special Hild - 2/3 Hild - 2/3 Mile Recheck Special $	cy -2645
	Acid Preserved: Yes	No L Federal Project	Iced: Yes L		lorine
ubm	itters Code: 🛛 🗖 rks: <u>Sample</u>	Federal Project	Field Data:	pH Ch	lorine
ubm	itters Code:	Federal Project	t: 🔲 Field Data: _	pH Ch	lorine Date Reported
ubm	itters Code:	Federal Project	Field Data:	pH Ch	
ubm	itters Code:	Federal Project	Field Data:	pH Ch	
ubm	itters Code:	Federal Project Taken @ EPA Code 4000 4100	Field Data:	pH Ch	
ubm	itters Code:	Federal Project Taben O EPA Code 4000 4100 4004	Field Data:	pH Ch	
ubm	itters Code:	Federal Project Taken O EPA Code 4000 4100 4004 4004 4004	Field Data:	pH Ch	
ubm	itters Code:	Federal Project Taben O EPA Code 4000 4000 4100 4004 4004 4004 4004	Field Data:	pH Ch	
ubm	itters Code:	Federal Project Taben O EPA Code 4000 4000 4100 4004 4004 4004 4004	Field Data:	pH Ch	
ubm	itters Code:	Federal Project Table Code EPA Code 4000 4000 4004 4004 4004 4004 4004 4004 4004	Field Data:	pH Ch	
Subm	itters Code:	Federal Project Taban O EPA Code 4000 4000 4100 4004 4004 4004 4004 4004 4004 4004 4004 4004 4004	Field Data:	pH Ch	

PROGRAM COPY

4105849117

TRA Labori	1CE afories			Telephone: 410/ Website: www.tracelabs.com	ABORATORIES, INC 5 North Park Drive Hunt Valley, MD 21030 USA 584-9099 / Fax: 410/584-9117 m / Email: into@tracelabs.com rtified Laboratory #318
• •		CERTIFICATE	OF ANAL	LYSIS	
Requester:				S/O Number:	80189-1
NV Homes, Inc. 6085 Marshalee Elkridge, Maryla	Drive Suite 130			Report Date:	January 27, 2011 <i>Raw Sample</i>
Property Samp Sample Locatio Residual Chlor	n: Pressure 7		S	Building Permit #: Sampler ID #: Samples Iced:	B10002917 9813AM Yes
County: Map:	Howard 11	Subdivision: Parcel:	Saddlel 19	brook Farms Lot #:	36
Date/Time Coll Date/Time Reco		January 24, 2011 (a January 24, 2011 (a			
Well Tag #: Well Condition	:	HO-95-1127 2-Piece Cap, Satisf	factory		
Water Treatme	ent/Conditioning:	Neutralizer, Soften	er		
PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha Gross Beta	EPA 900.0 EPA 900.0	1.1 pCi/L 2.0 pCi/L	15 pCi/l 50 pCi/l	•	Acceptable Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherino C.Fl

Katherine C. Higgs Administrative Assistant

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