

C1 3490		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER (13) A514619					
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 05 26 04		Depth of Well 22 360 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 6/8/04 O.K. 40-94-3944 BB					
OWNER Preserve at Waverly Glen, LLC		last name		first name		TOWN Woodstock		LOT 4			
STREET OR RFD		SUBDIVISION Preserve at Waverly Glen		SECTION		LOT					
WELL LOG Not required for driven wells				GROUTING RECORD yes no Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 450 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)				C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 8 9 PUMPING RATE (gal. per min.) 3 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft. 17 20 WHEN PUMPING 165 ft. 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 35 60 61 63 64 66 70				PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 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 } 2 (nearest foot) 49 50 51			
DESCRIPTION (Use additional sheets if needed)				OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING				SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER			
Top Soil 0 2											
Sandy 2 20 ✓											
Sand Stone 20 25											
MICKA 25 55											
Sand Stone 55 60 ✓											
MICKA 60 180 ✓											
Flint Rock 180 185 ✓											
MICKA 185 360											
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 DEPTH (nearest ft.) 1 2 HO 33 360 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				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) 50' 35' well			
WELL HYDROFRACTURED yes no Y N				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68							
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				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA							
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 D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)											

B 1	5725	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3944
1 2 3 6			519599 please print or type	fill in this form completely
Date Received (APA)			B 3 LOCATION OF WELL	
OWNER INFORMATION			8 COUNTY <u>Howard</u>	
8 MM DD YY 13			21	
15 Last Name <u>Preserve At Waverly GLEN</u>			23 SUBDIVISION <u>The Preserve At Waverly GLEN</u>	
36 Street or RFD <u>3675 PARK AVE</u>			42	
57 Town <u>ELLICOTT City MD 21043</u>			52 NEAREST TOWN <u>Woodstock</u>	
70 State 72 Zip 76			71	
DRILLER INFORMATION			MILES FROM TOWN (enter 0 if in town) <u>0</u>	
Driller's Name <u>RAUL E. MAYNE</u>			73 76 77 78	
76 License No. <u>MSD 117</u>			81	
Firm Name <u>RAUL E. MAYNE INC</u>				
Address <u>17024 Handy Rd NWAing MD 21021</u>				
Signature <u>Raul E. Mayne</u>			Date <u>9-18-03</u>	
B 2 WELL INFORMATION			B 4	
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>			1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
8 12			3 4	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>			5 6	
14 20			7 8	
USE FOR WATER (CIRCLE APPROPRIATE BOX)			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL			COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A514619</u> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>5/11/2004</u> <u>Brian Baber</u> <u>5/11/2005</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>542</u> 000 EAST GRID <u>832</u> 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
APPROXIMATE DIAMETER OF WELL <u>60</u> INCH			SOURCES OF DRILLING WATER	
METHOD OF DRILLING (circle one)			1. <u>well</u>	
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____			2. _____	
REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX)			3. _____	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL			WRITE THE BOX NUMBER FROM THE MAP HERE	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 _____ 52			E <u>832</u> N <u>542</u>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
APPROP. PERMIT NUMBER <u>HO2003 GAP 005(01)</u>			well 175' Tompkins way Mount Denali Dr.	
PERMIT No. <u>HO-94-3944</u>				
70 71 72 73 74 75 76 77 78 79				

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Page _____ of _____
Date May 26 2004

Review _____

FIELD DATA SHEET
- HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3944
Location of property (road) Tompkins Way
Subdivision Preserve at Waverly Glen Lot 4 Block _____ Plat _____ Sec. _____
Well Driller Ralph Mayne Owner Preserve at Waverly Glen, LLC

Depth of well 360
Distance of measuring point (M.P.) above ground 2 ft.
Static water level (S.W.L.) below M.P. 18

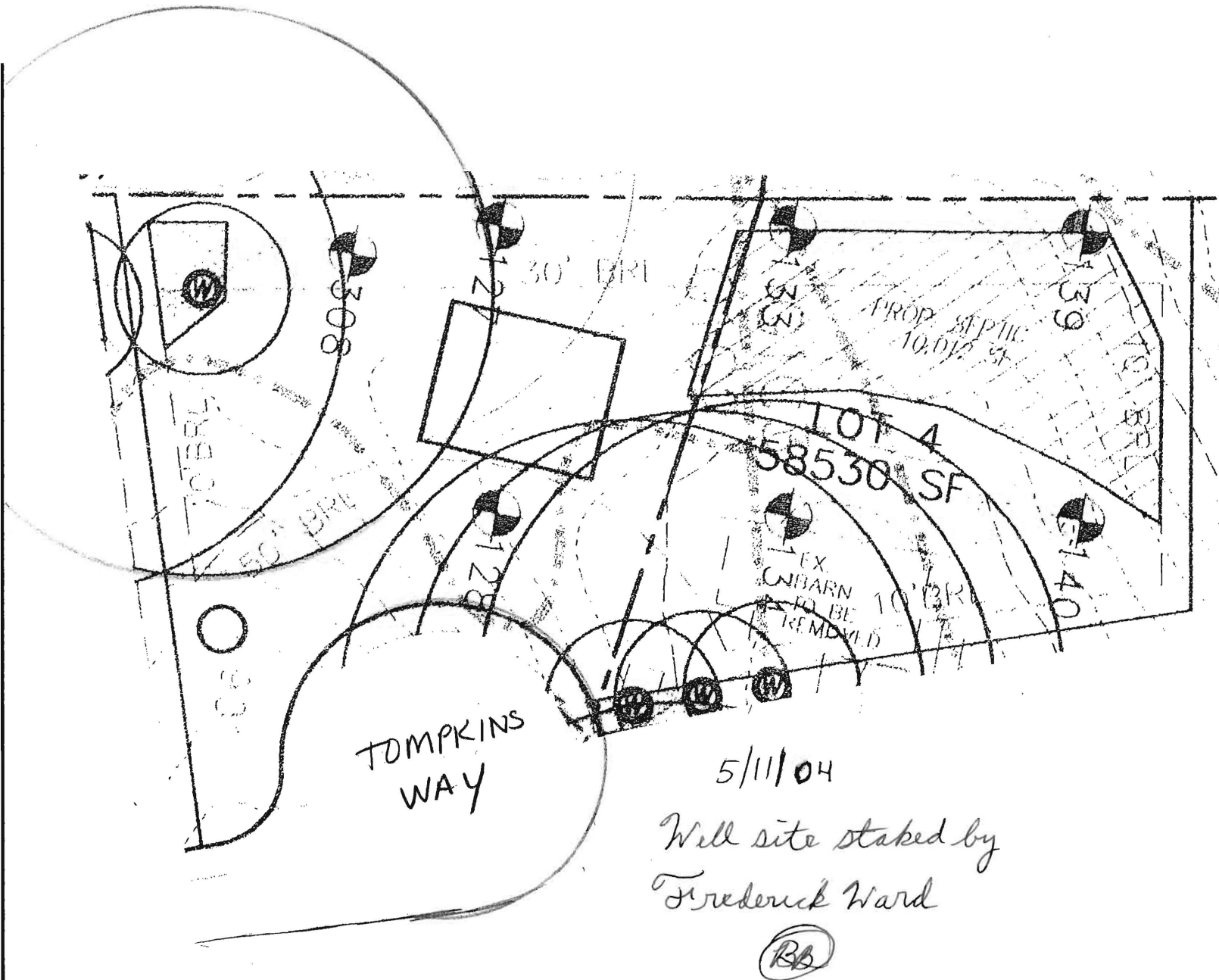
I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 Gpm
Total time 30 min to reach pumping water level 165 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 I gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	18 ft.	6 Sec	TEST Started ↓	12 Gpm
8:45	165 ft.	20 Sec		3 ft. Gpm
9:00	165 ft.	20 Sec		3 ft. Gpm
9:15	165 ft.	20 Sec		3 ft. Gpm
9:30	165 "	20 "		3 ft. "
9:45	165 "	20 "		3 ft. "
10:00	165 "	20 "		3 ft. "
10:15	165 ft.	20 Sec		3 ft. Gpm
10:30	165 ft.	20 Sec		3 ft. Gpm
10:45	165 ft.	20 Sec		3 Gpm
11:00	165 "	20 "		3 "
11:15	165 "	20 "		3 "
11:30	165 "	20 "		3 "
11:45	165 ft.	20 Sec		3 Gpm
12:00	165 ft.	20 Sec		3 Gpm
12:15	165 ft.	20 Sec		3 Gpm
12:30	165 "	20 "		3 "
12:45	165 "	20 "		3 "
1:00	165 "	20 "		3 "
1:15	165 ft.	20 Sec		3 Gpm
1:30	165 ft.	20 Sec		3 Gpm
1:45	165 ft.	20 Sec		3 Gpm
2:00	165 "	20 "		3 "
2:15	165 "	20 "		3 "
HD-224 2:30	165 ft.	20 Sec		3 Gpm
2:45	165 ft.	20 Sec		3 Gpm

PRESERVE AT WAVERLY GLEN



WELL LOCATION SURVEY

SCALE 1" = 50'

**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 Pining

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 Telephone #: 240-882-0069
Address: 935 W. Mill Rd.
Ellicott City MD 21142

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Diana G. Galt 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: TBI Telephone #: 410-203-1307
Subdivision: The Preserve of Waverly Glen Lot #: 4 Well Tag #: HO-94-3944
Site Address: 10919 Tempkins Way
Woods Lake, MD 21162

Submersible Pump Data

Make: 25+32-3 Plus-P3-1

Model #: M4055

Pump Capacity 5 GPM

Well Yield: 3 GPM

Depth of well encountered at time of pump installation: 340 (feet)

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 guides are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt no

Pitless Adapter

Make: American Granty

Model#: P45-97

Depth: yes (36" min)

NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes

Screened, vented well cap: yes

Cap secured to casing: yes

Conduit min 18" B.O.: yes

Conduit secured to well cap: yes

Pining to house

Type: Black Plastic

PSI: yes (160 psi min)

Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 10 ft

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, drainfield, 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: 9-24-09

Date Insp. Approved: 9-24-09 (KW)

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

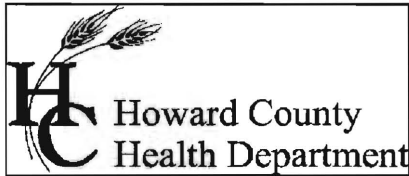
Safety rope installed inside of well casing

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

*Grout ~~was~~ looked thru
around casing below pitless.



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

February 19, 2010

Homeowner
10919 Tompkins Way
Woodstock, MD 21163

SENT VIA FACSIMILE (FAX): 410-480-0013

RE: Preserve at Waverly Glen, Lot 4
10919 Tompkins Way
BP# B09000879
Well Tag #: HO-94-3944

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 11/24/2009. Final approval of the well line connection to the dwelling was approved on 9/24/2009.**

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 1/20/2010 and 1/20/2010. The Gross Alpha results were below the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. The Gross Beta results were below the targeted value of 50 pCi/L. Samples for Radium 226/228 and Uranium taken on 1/20/2010 were also within acceptable limits. At the time of the 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 'Use and Occupancy'.

INTERIM CERTIFICATE OF POTABILITY

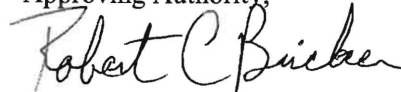
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3944. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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:	1/20/2010
Date of Samples for Gross Alpha & Gross Beta:	1/20/2010 and 1/20/2010
Date of Radium 226/228 Samples:	1/20/2010
Date of Uranium Sample:	1/20/2010
Date of Well Completion:	05/26/2004

Approving Authority,



Robert Bricker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
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: 75472
Report Date: January 21, 2010

Property Sampled: 10919 Tompkins Way, 21163

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 4
Building Permit #: B09000879
Tax Map #: 10
Parcel #: 330

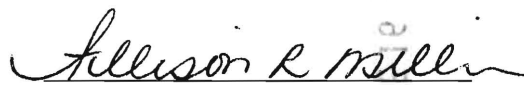
Date/Time Collected: January 20, 2010 at 11:16 am
Date/Time Received: January 20, 2010 at 2:30 pm

Sample Location: Laundry Tub Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3944
Well Condition: 2-Piece Cap
4 Bolts Loose
Cap Tight

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company

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:**

75472

Report Date:

February 4, 2010

Property Sampled: 10919 Tompkins Way, 21163**County:**

Howard

Subdivision:

Preserve at Waverly Glen

Tax Map #: 10**Lot #:**

4

Parcel #: 330**Building Permit #:**

B09000879

Date/Time Collected:

January 20, 2010 at 11:16 am

Date/Time Received:

January 20, 2010 at 2:30 pm

Sample Location:

Laundry Tub Tap

Sampler ID:

5745KC

Samples Iced:

Yes

Residual Cl₂ <0.1 mg/L: Yes**Well Tag Number:**

HO-94-3944

Well Condition:2-Piece Cap
4 Bolts Loose
Cap Tight**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Radium 226	0.7 +/- 0.2 pCi/L	EPA 903.1	0.1 pCi/L	Pass
Radium 228	<0.8 +/- 0.5 pCi/L	EPA Ra-05	0.8 pCi/L	Pass
Uranium	5.3 +/- 1.4 pCi/L	EPA 908.0	0.8 pCi/L	Pass

A handwritten signature in cursive script, reading "Allison R. Milburn".

Allison R. Milburn

Manager-Drinking Water Testing

Feb. 4. 2010 12:54PM

Florida Radiochemistry Services,

No. 0034 P. 3



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
		01/21/10 11:46	1001167
Client Contact:	Allison Milburn		
Client P.O.	5770		
Project I.D.	75472		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
1001167-01	75472	01/20/10 13:16	Ra226, Ra228, U

Analysis Results

Radium 226	0.7	Radium 228	<0.6
Error +/-	0.2	Error +/-	0.6
MDL	0.1	MDL	0.8
EPA Method	903.1	EPA Method	Ra-05
Prep Time	01/26/10	Prep Time	1/26/10
Prep Date	10:15	Prep Date	10:15
Analysis Date	02/02/10	Analysis Date	02/02/10
Analysis Time	11:46	Analysis Time	12:20
Analyst	MJN	Analyst	PJ
Uranium	5.3		
Error +/-	1.4		
MDL	0.8		
EPA Method	908.0		
Prep Date	01/27/10		
Prep Time	14:55		
Analysis Date	01/28/10		
Analysis Time	07:19		
Analyst	MJN		
Units	pCi/l	Units	pCi/l

Feb. 4. 2010 12:54PM

Florida Radiochemistry Services,

No. 0034 P. 1



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # 278

Work Order #: 1001167

Date / Time Received: 01/21/10 11:45

Report Date: 02/04/10

PO Number: 5770

Report to: Trace Labs East

5 North Park Dr.

Hunt Valley, MD 21030

Attention: Allison Milburn

Lab Sample I.D.: 1001167-01

Client Sample I.D. 75472 (10919 Tompkins Way)

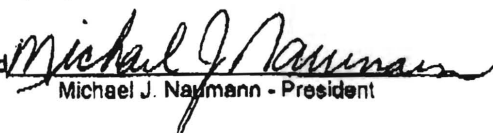
Sample Date / Time: 01/20/10 13:16

Results:

Gross Alpha:	6.8	Gross Beta:	6.0
Error +/-:	1.2	Error +/-:	0.9
MDL:	1.1	MDL:	1.3
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	01/21/10	Prep Date:	01/21/10
Analysis Date:	01/22/10	Analysis Date:	01/22/10
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed


Michael J. Naumann - President

Date

2-4-10



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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:

75472

Report Date:

January 29, 2010

Property Sampled: 10919 Tompkins Way, 21163

County:

Howard

Subdivision:

Preserve at Waverly Glen

Tax Map #:

10

Lot #:

4

Parcel #:

330

Building Permit #:

B09000879

Date/Time Collected:

January 20, 2010 at 11:16 am

Date/Time Received:

January 20, 2010 at 2:30 pm

Sample Location:

Laundry Tub Tap

Sampler ID:

5745KC

Samples Iced:

Yes

Residual Cl₂ <0.1 mg/L:

Yes

Well Tag Number:

HO-94-3944

Well Condition:

2-Piece Cap
4 Bolts Loose
Cap Tight

Water Conditioning/Treatment: Sediment Filter

PARAMETER**RESULT****METHOD****DETECTION LIMIT**

Gross Alpha

6.8 +/- 1.2 pCi/L

EPA 900.0

1.1 pCi/L

Moderate

Gross Beta

6.0 +/- 1.2 pCi/L

EPA 900.0

1.3 pCi/L

Pass

Allison R. Milburn

Manager-Drinking Water Testing