C 1 8784

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 DD YY: 3 19 2007 (15–20)

Depth of Well: 22 640' 26 (TO NEAREST FOOT)

4/19/07

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-95-0612 (28 29 30 31 32 33 34 35 36 37)

OWNER: DeFrancis (last name / first name)
STREET OR RFD: Sweet Meadow Lane TOWN: Clarksville
SUBDIVISION: Walnut Grove SECTION: ____ LOT: 76

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
Sand	0	64	
GrayMica Rock	64	640	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no (N) — N circled

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 0 2 4
MSD 117 Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. __ __ D __ __ __

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) — circled / no N (44)

TYPE OF GROUTING MATERIAL (Circle one): CEMENT (CM) — circled (45 46); BENTONITE CLAY BC (45 46)

NO. OF BAGS 20 NO. OF POUNDS 4880
GALLONS OF WATER 130
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (48 TOP 52) to 64 ft. (54 BOTTOM 58)
(enter 0 if from surface)

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

MAIN CASING TYPE (60 61)	Nominal diameter top (main) casing (nearest inch)! (63 64)	Total depth of main casing (nearest foot) (66–70)
ST	6	68

EACH CASING — OTHER CASING (if used): 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 — EACH SCREEN — DEPTH (nearest ft.)

	Type	From	To
1 (8 9 / 11 15 / 17 21)	HO	66	640
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)

GRAVEL PACK IF WELL DRILLED — from ____ to ____
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
70 TELESCOPE CASING; 72 LOG INDICATOR; 74 75 76 OTHER DATA

C 3 PUMPING TEST
HOURS PUMPED (nearest hour): 3 (8 9)
PUMPING RATE (gal. per min.): 4 (11–15)
METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 72 ft. (17–20)
WHEN PUMPING: 403 ft. (22–25)

TYPE OF PUMP USED (for test): A air; P piston; T turbine; C centrifugal; R rotary; O other (describe below); J jet; (S) submersible — circled (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES / (NO) — circled

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 — circled (49); – below (49); LAND SURFACE: 2 (50 51) (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

COUNTY

GR00

EMERGENCY/TEMP NO. IF ANY

B 1 | 0525 (1 2 3 6) | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

525642 please type

STATE PERMIT NUMBER: HO-95-0612 (70 79) fill in this form completely

Date Received (APA) (8 MM DD YY 13)

OWNER INFORMATION

Landmarketing (15 Last Name) Consultants (Owner First Name 34)

3060 Rt. 97 (36 Street or RFD 55)

Glenwood (57 Town) MD (70 State) 21771 (72 Zip 76)

DRILLER INFORMATION

Ralph E. Mayne M S D 117 (Driller's Name 76 License No. 81)

Ralph E. Mayne / NC (Firm Name)

17024 Hardy Rd. Mt. Airy MD 21771 (Address)

Signature: Ralph E. Mayne Date: 11-11-06

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 150 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 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
- 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 DEEPEN AN EXISTING WELL

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: HO 2005 G 006

PERMIT No. HO-95-0612 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Walnut Grove (23 SUBDIVISION 42)

SECTION (44 46) LOT: 26 (48 50)

Clarksville (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 2 (73 M I 76 77 78)

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

Sweet Meadow Ln. (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) EAST (E) SOUTH (S)

34 220 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 18 PARCEL 71

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A517422 (COUNTY NAME COUNTY NO.)

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/19/2006 (43 MM DD YY 48) Brian Baker (CO SIGNATURE) 12/19/2007 (EXP. DATE)

NORTH GRID 508 000 (50 55) EAST GRID 814 000 (57 63)

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

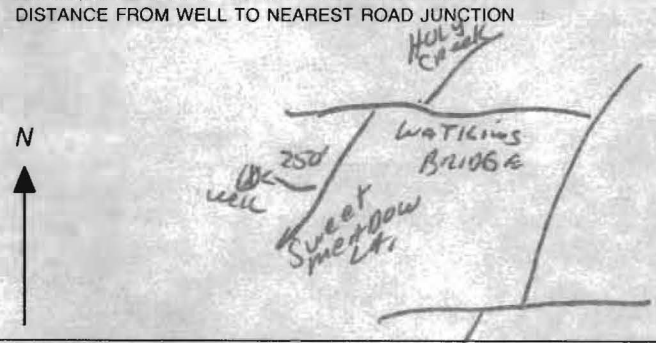
E 8/64

N 508

Radium sample collected @ Yield on 3/19/07 KW

000 000

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): Health Dept. Must Collect Water Sample During Yield Test

DENV-Permit 97 ② COUNTY

Page ____ of ____ Review ____

Date 3-19-2007

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0612

Location of property (road) Sweat Meadow Lane

Subdivision Walnut Grove Lot 76 Block ____ Plat ____ Sec. ____

Well Driller Joseph Mayne Owner De Francis

Depth of well 640'

Distance of measuring point (M.P.) above ground 2'

Static water level (S.W.L.) below M.P. 22'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm

Total time 45 min to reach pumping water level 403 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	198	3 sec		20 gpm
7:15	292	4		15
7:30	403	5		12
7:45	403	15		4
8:00	403	15		4
8:15	403	15		4
8:30	403	15		4
8:45	403	15		4
9:00	403	15		4
9:15	403	15		4
9:30	403	15		4
9:45	403	15		4
10:00	403	15		4
10:15	403	15		4
10:30	403	15		4

Page ____ of ____ Review ____

Date 3/19/07

FW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0612
Location of property (road) Sweet Meadow Lane
Subdivision Walnut Grove Lot 76 Block ____ Plat ____ Sec. ____
Well Driller Ralph Mayne Owner DeFrancis

Depth of well 640'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 72'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 am Pumping rate 4 gpm
Total time ~~1 hr~~ ____ to reach pumping water level ____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:35		→	1 g. bucket	4 gpm
10:50		→		
	68' of Casing			

HD-224

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 603 PATRICK DRIVE
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): CHRIS WILLOUGHBY License# # 6992
***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: GOODIER, BAKER HOMES LLC Telephone #: 410-616-9631
Subdivision: WALNUT GROVE Lot #: 16 Well Tag #: HO 95-0612
Site Address: 5218 SWEET MEADOW LANE 95-0612 ✓
CLARKSVILLE, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: GRUNDFOS	Make: HARVARD	Two piece watertight cap: ✓
Model #:	Model#:	Screened, vented well cap: ✓
Pump Capacity 9 GPM	Depth: 48" (36" min)	Cap secured to casing: ✓
Well Yield: 4 GPM	NSF/WSC approved:	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 640 (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, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ____

Piping to house	House Connection
Type: CRESTLINE	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 1" (160 psi min)	Length of sleeve(5' minimum from foundation): 10'
Depth of supply line: ✓ (36" min)	Sleeve 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.

B. Walker 8/11/14
Signature of company representative responsible for installation date

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

Date Insp. Requested: 10/1/14 Date Insp. Approved: 10/1/14 Inspector: RK

Inspection Data:	
Pitless adapter watertight & 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 not outside of well cap/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
8930 Stanford Blvd., Columbia, MD 21046-2147
Main: 410-313-1774 | 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., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 12, 2015

December 12, 2014

Homeowner
5218 Sweet Meadow Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 76
5218 Sweet Meadow Lane
Building Permit: B13003464
Well Permit: HO-95-0612

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 **11/24/2014.** Final approval of the well line connection to the dwelling was granted on **10/1/2014.** The well construction was completed on **3/19/2007.** Water samples were collected on **12/8/2014.**

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 **3/19/2007**. Results showed a Gross Alpha level of **8.0** ± 2.0 **pCi/L** and **Gross Beta** level of **7.0 ± 2.0 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.

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-95-0612. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

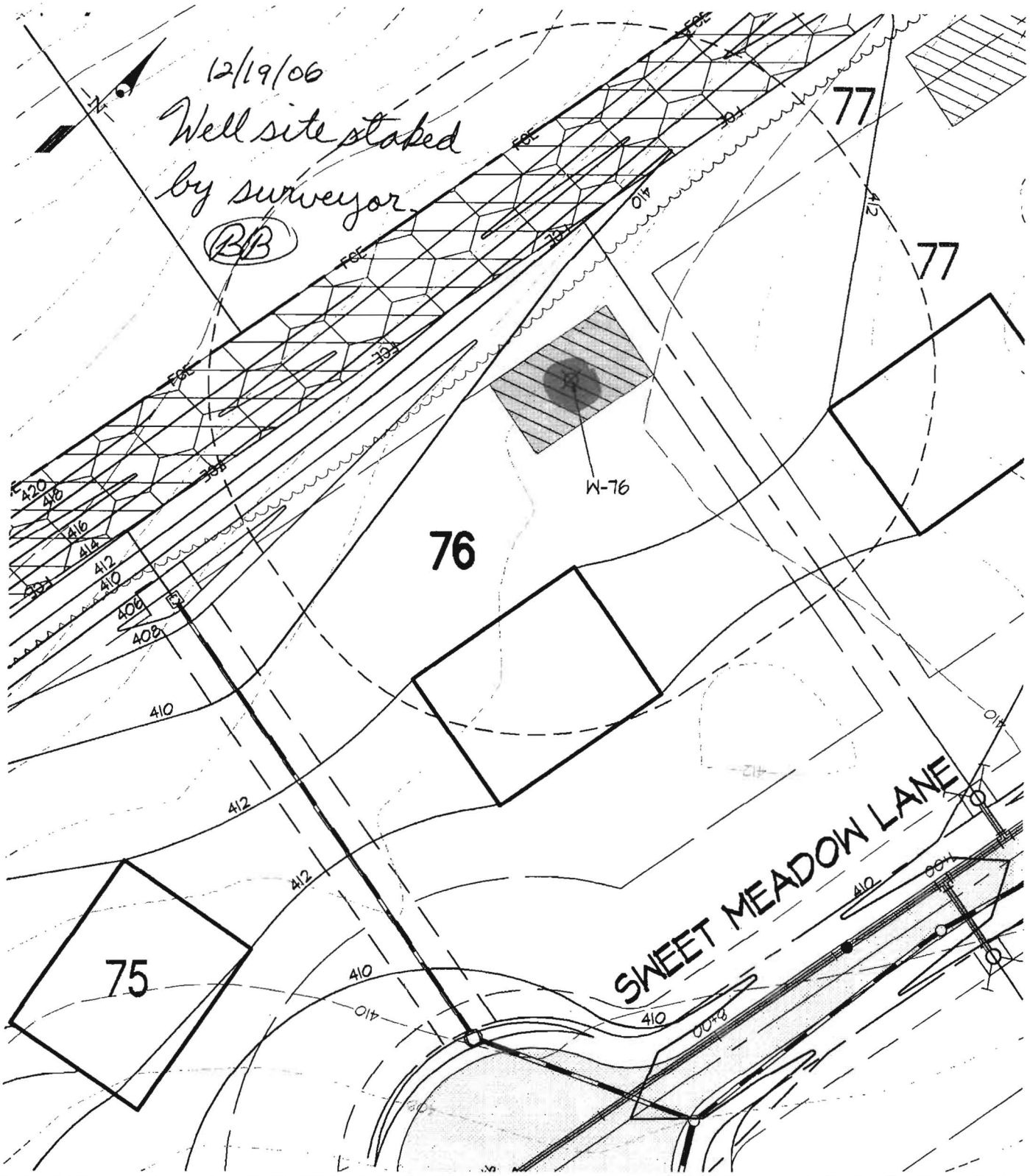
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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,

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



LEGEND

PROPOSED LPSS

PROPOSED STORM DRAIN

HOUSE BOX

WELL BOX

W-05 WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 76

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

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	76	Sweet Meadow 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

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

April 11, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot # 76
Well Tag: HO-95-0612

To Whom It May Concern:

A sample was collected from a yield test on March 19, 2007 and submitted to Department of Health and Mental Hygiene State Laboratory 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 **8.0 ± 2.0 picocuries/liter (pCi/L);** while the **Gross Beta** level was **7.0 ± 2.0 pCi/L.** The **Gross Alpha** result was below 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

Bert Nixon

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

DHMH

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: KW76WG0612 **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Walnut Grove Lot 76 **County:** Howard

Sample Source: Sweet meadow Ln. **Location:** HO-95-0612
(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: K. Wolf **Telephone No:** 410-313-2645

Date Collected: 3/19/07 **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 yield test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	~~1980~~ 1960 (12)	8 ± 2	3/23/07
✓	Gross Beta	4100	~~1980~~ 1960 (12)	7 ± 2	"
	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: 03/20/07

Supervisor: L. Nix

FORM REVISED 02/06
DHMH 4540 02/06

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

CUSTOMER COPY II

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:

Goodier Builders
2330 West Joppa Road, Suite 395
Lutherville, Maryland 21093

S/O Number: 96905

Report Date: December 9, 2014

Property Sampled: 5218 Sweet Meadow Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove **Lot #:** 76

Date/Time Collected in Field: December 8, 2014 10:23 am
Date/Time Received in Lab: December 8, 2014 3:38 pm

Well Tag #: HO-95-0612
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	5.6 NTU	Pass
pH (Field)	SM 4500-H^+B	*6.5-8.5 Units	7.1 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.

OK RB 12/12/2014

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.