C 1 4051 SEQUENCE N	y SIAIE OF MARTLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DO YY 8 13 15	DMPLETED Depth of Well 4/3 22 360 26 (TO NEAREST FOOT)	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER Op Church	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD	Old Oldard Gatharete TOWN	Allersoille
SUBDIVISION FLITTON	SECTION	LOT PARCEL B
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, TH COLOR, DEPTH, THICKNESS AND IF WATER BEARIN	(Oncio rippropriato Box)	PUMPING TEST
DESCRIPTION (Use FEET If	DECK CEMENT EM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
Diseased 1 10 21	NO. OF BAGS NO OF POUNDS GALLONS OF WATER	PUMPING RATE (gal. per min.)
Over swaen of s	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE WHICH BULL
Row Shale 3' 38'	from	WATER LEVEL (distance from land surface)
	casing CASING RECORD types	BEFORE PUMPING 17 ft.
An lok 38' 36'	insert appropriate STEEL CONCRETE	WHEN PUMPING 12 25 ft.
orny noch so so	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine other
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)
Hit water 3dl	60 61 63 64 66 70	J jet Submersible
HIL MILE 301	C OTHER CASING (if used) A diameter depth (feet)	27 27
	inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
	s Ng	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
	or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PL OT	(to nearest gallon) 31 35 PUMP HORSE POWER
WWW.050 or WW.0000000	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSFUL WELLS:	- 12 Ho 43 360	(nearest ft.) 43 47
WELL HYDROFRACTURED Y		CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	H ² 23 24 26 30 32 36	LAND SURFACE (nearest)
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below) (1961-951)
P TEST WELL CONVERTED TO PRODUCTION WELL HEREBY CERTIES THAT THIS WELL HAS BEEN CONSTRUCT	E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCT ACCORDANCE WITH COMAR 26.04 OF "WELL CONSTRUCTION IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ACAPTIONED PERMIT, AND THAT THE INFORMATION PRESS HEREIN IS ACCURATE AND COMPLETE TO THE BEST CKNOWLEDGE.	AND DIAMETER (NEAREST SOVE OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC NO.1 M D D	I GRAVEL PACK	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68	N 39° 10.796
LIC. NO.1 D	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	W76 36 131
	70 72	●
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	
DENV 2800	COUNTY	

B 1 3800 SEQUENCE NO.	TATE OF MARYLAND	STATE PERMIT NUMBER
	N FOR PERMIT TO DRILL WELL	110 9- 1000
		HU -75 -1733
53328	2 please type	⁷⁰ fill in this form completely ⁷⁹
Date Received (APA)	B 3 1	LOCATION OF WELL
6/7/20/0 OWNER INFORMATION	Howard	
8 MM /DD YY 13	8 COUNTY	21
Upchurch Don	Fulton Man	or II
15 Last Name Owner First Name	34 23 SUBDIVISION	42
457 Old Orchard Circle	I SECTION I	Barcel B
36 Street or RFD	55 SECTION 44 46	LOT48 50
Millersville MD 21108	Highland	[12] : 14 : 14 : 14 : 15 : 15 : 15 : 15 : 15
57 Town 70 State 72 Zip	76 52 NEAREST TOWN	71
DRILLER INFORMATION		
	MILES FROM TOWN (enter	70 if in town) M 1
Sandy B. Cochran MW D 120 Driller's Name 76 License No.	81 B 4	10 10 11 10
	1 2	Diagont View Dudge
G. Edgar Harr Sons' Corp	DIRECTION OF WELL FROM	Pleasant View Drive
Firm Name	TOWN (CIRCLE BOX)	
12047 Falls Road, Cockeysville	21030 N N	ON WHICH SIDE OF ROAD
Address		(CIRCLE APPROPRIATE BOX)
1 derillo 26 home 6/2/10		WEST S EAST
Signature Date	W (TOWN) E	34 (37 SOUTH
B 2 WELL INFORMATION 5	1 1	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED 750	S _W S S _E S 8-9	TAX MAP: 40 BLK: 6 PARCEL 205
	20 8	TAN MAIL DER TANDEQUE
USE FOR WATER (CIRCLE APPROPRIATE BOX)		BE FILLED IN BY DRILLER
C DALIFORNIA DOTANIA SUNDIVA SUSSIDATA	HEALTH	I DEPARTMENT APPROVAL
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION	House	(13) A520877.
- FARMING A INFECTORY WATERING & ACRICULTURAL	COUNTY NAME	COUNTY NO.
F IRRIGATION	STATE	
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE	INSERT S 41
	DATE ISSUED	7 + Kak- 1/21/2011
P PUBLIC WATER SUPPLY WELL	43/ MM/ DD YY 48	CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING	NORTH (1/2)	
G GEO-THERMAL	GRID 50 0	0 0 GRID 8 /7 0 0 0 55 GRID 57 63
		35 37 00
	SHOW MAJOR FEATURES	OF
APPROXIMATE DEPTH OF WELL 500 FEET	BOX & LOCATE WELL :_	
24 28	SOURCES OF DRILLING W	VATER
APPROXIMATE DIAMETER OF WELL	NEAREST SOURCES OF BRILLING V	
	2.	
METHOD OF DRILLING (circle one)	3.	
BORED (or Augered) JETTED Jetted & I	DRIVEN	
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic	Rotary) WRITE THE BOX NUMBER	
37 CABLE REVerse-ROTary DRiv	e-POINT FROM THE MAP HERE	
other		
	E 8100-	7 / 2
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	4911	, - 900
	N	
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		SHOWING LOCATION OF WELL IN DWNS AND ROADS AND GIVE
		O NEAREST ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY		
FOR POLICY ON STANDBY WELLS		1200
D THIS WELL WILL DEEPEN AN EXISTING WELL		7530
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	N	7 /25
(IF AVAILABLE) 41		0/32
Not to be filled in by driller (MDE OR COUNTY USE ON	LY)	10
	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
APPROP. PERMIT NUMBER		NONOP RD
1100000	20	Nonul
PERMIT No. H0-45-19.	DO HA	
70 71 72 73 74 75 76 7	7 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		❸

(MDE USE ONLY)	F MARYLAND
	ase type The state of the st
Date Received (APA)	LOCATION OF WELL
OWNER INFORMATION	noward
8 MM DD YY 13 Upchurch Don	8 COUNTY 21
is the second se	Fulton Manor II
15 Last Name Owner First Name 34 457 Old Orchard Circle	23 SUBDIVISION 42
	SECTION L COT
36 Street or RFD 55 Millersville MD 21108	44 46 48 50
	Highland
57 Town 70 State 72 Zip 76	52 NEAREST TOWN 71
DRILLER INFORMATION Michael D. Isom M.S. D. 162	MILES FROM TOWN (enter 0 if in town)
IVI D	73 76 77 78 B 4
G. Edgar Harr Sons Corp.	1 2 Pleasant View Drive
Firm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30
12047/Falls Road, Cockeysville 21030	
	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Address 4 6/27/08	8-0 8-0 WI321E
Signature Date	W TOWN E 34 Z 37 SOUTH
B 2 WELL INFORMATION	W TOWN E 34 Z 37 SOUTH B DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE	ENTER ET OR MI 38 39
(GAL PER MIN.) 8 750 12	W - E 4/2 / 200
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20	8-9 S 8-9 TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	HEALTH DEPARTMENT APPROVAL
IRRIGATION	19520877
FARMING (LIVESTOCK WATERING & AGBIEULTURAL	COUNTY NAME COUNTY NO.
F JARMING (LIVESTOCK WATERING & ACRECULTURAL	STATE INSERT S INSERT S
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	DATE ISSUED A A A
P. PUBLIC WATER SUPPLYWELL	8115/08 VM USA 8/15/09
T TEST, OBSERVATION, MONITORING	43 MM DD YY 48 CO SIGNATURE EXP. DATE
G GEO-THERMAL	NORTH GRID 000 EAST GRID 000
G GEO-MERINAL	50 55 57 63
	SHOW MAJOR FEATURES OF
APPROXIMATE DEPTH OF WELL 200 FEET	BOX & LOCATE WELL WITH AN X
24 28 NEAREST	SOURCES OF DRILLING WATER
APPROXIMATE DIAMETER OF WELL INCH	well
METHOD OF DRILLING (circle one)	2.
E COP ST	3.
BORED (or Augered) JETTED Jetted & DRIVEN 30 AID DOT	
37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER
CABLE HEVERSE-HOT ary DRIVE-POINT	FROM THE MAP HERE
other	3007 / /
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	000
THIS WELL-WILL NOT REPLACE AN EXISTING WELL	N 490 - 0007
E THE WELL HELD AGE A WELL THAT WILL BE	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	RELATION TO NEARBY TOWNS AND ROADS AND GIVE
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED	DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS	1+29
THIS WELL WILL DEEPEN AN EXISTING WELL	\c 33
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	200
(IF AVAILABLE) 41	(x) 132
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	10
HOL TO DO THICK IN DY WHITE (NIDE OIL COONTY OOL ONE)	0
APPROP. PERMIT NUMBER	o Rd
Hn oc 11/2	Walton Pe
PERMIT No. 70 71 72 73 74 75 76 77 78 79	HALISTOP Rd
SPECIAL CONDITIONS	
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	⊗

97

HARR WELL DRILLING

12047 FALLS ROAD COCKEYSVILLE, MD 21030 410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 08-11-10

Address: Pleasant View Dr

Owner: Don Upchurch

Well Depth: 360 Ft

Permit Number: HO-95-1933

Subdivision: Fulton Manor II Parcel B

Election District:

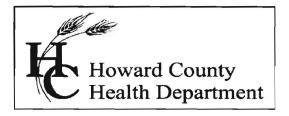
Static Water Level: 19 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 Gallon bucket	Calculated Flow-Gallons Per Minute
0815	19 ft		22 sec	13.63
0830	32		23	13.04
0845	35		23	13.04
0900	55		23	13.04
0915	70		23	13.04
0930	92		23	13.04
0945	115		23	13.04
1000	115		23	13.04
1015	115		23	13.04
1030	115		23	13.04
1045	115		23	13.04
1100	115		23	13.04
1115	115		23	13.04

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 complete 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: Trinity Quality for MeS Telephone #: 410-480-0023 Address: 3675 Park Are # 301 Ellicott. City MD 2.093
	(Must circle one Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Michael Bowersox License# // 202 *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: Trinity Quality Homes Telephone #: \(\frac{10^480^400}{3}\) Subdivision: Fulton Mansy Tt Lot #: fres & Well Tag #: HO-95-1933 Site Address: \(\frac{12402}{2402}\) Stella DC. Fulton, MD 20759 Submersible Pump Data Make: \(\frac{12402}{120}\) Make: \(\frac{12402}{120}\) Make: \(\frac{12402}{120}\) Make: \(\frac{12402}{120}\) Make: \(\frac{12402}{120}\) Model #: \(\frac{12402}{120}\) Model #: \(\frac{12402}{120}\) Screened, vented well cap: \(\frac{12402}{120}\) Model #: \(\frac{12520}{120}\) Model #: \(\frac{12520}{120}\) Screened, vented well cap: \(\frac{12402}{120}\) Well Yield: \(\frac{12}{12}\) GPM NSF/WSC approved: \(\frac{12402}{120}\) Conduit min 18" B.G.: \(\frac{12402}{120}\) Upo Depth of well encountered at time of pump installation: \(\frac{2100}{120}\) (feet) Conduit secured to well cap: \(\frac{12402}{120}\) If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors Cable guard), or other acceptable method used—Must circle one Safety rope, if used, affached to brass rope adapter or other acceptable method inside of well casing \(\frac{12402}{120}\) MO Piping to house Type: \(\frac{12402}{120}\) PVC sleeve to undisturbed soil at wall penetration: \(\frac{12402}{120}\)
	PSI: YO (160 psi min) Length of sleeve(5' minimum from foundation): 10 ff Depth of supply line: (36" min) Sleeve sealed properly: 49 The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping,
•	distribution fox, 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
I	Date Insp. Requested: Date Insp. Approved: Date Inspector: SUBB Inspector: SUBB Date Inspector: Date Inspect



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 - SEPTEMBER 12, 2015

March 12, 2015

Homeowner 12402 Stella Drive Fulton, MD 20759

RE:

Fulton Manor II, Parcel B

12402 Stella Drive

Building Permit: B14001307 Well Permit: HO-HO-95-1933

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 3/12/2015. Final approval of the well line connection to the dwelling was granted on 10/31/2014. The well construction was completed on 7/20/2010. Water samples were collected on 8/19/2014.

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 8/19/2014. Results showed a Gross Alpha level of 8.0 ± 1.8 pCi/L and Gross Beta level of 8.8 ± 1.6 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-95-1933. 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,

Kevin M Wolf, EHS Supervisor Environmental Health Specialist

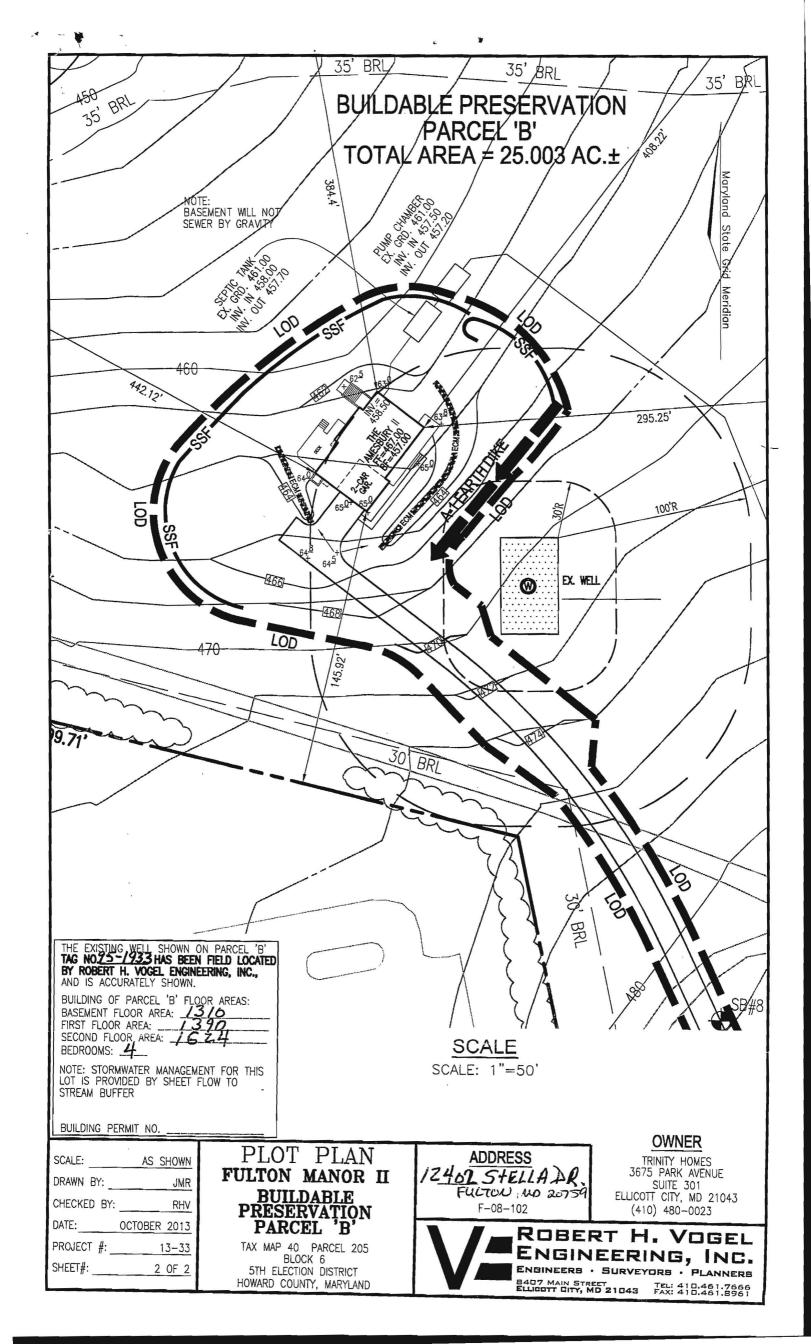
Well & Septic Program

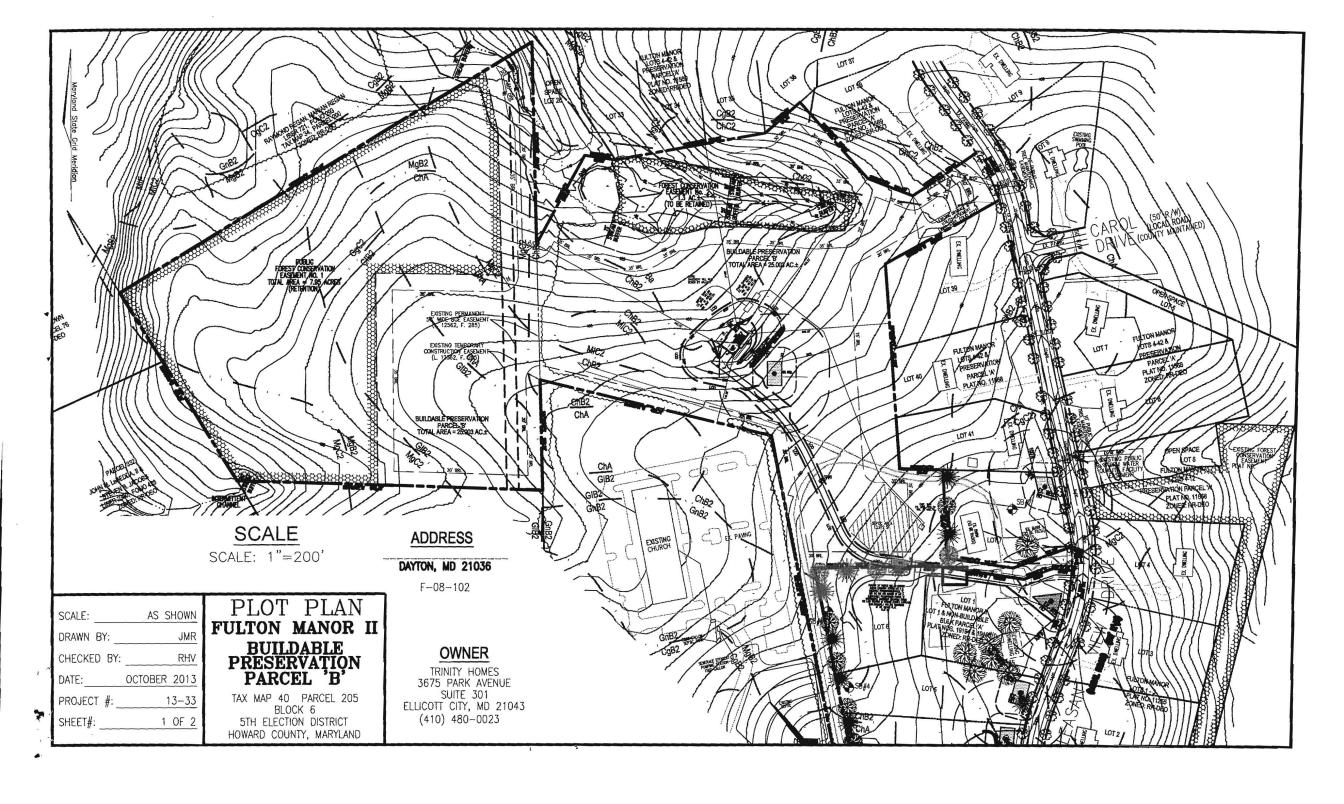
cc:

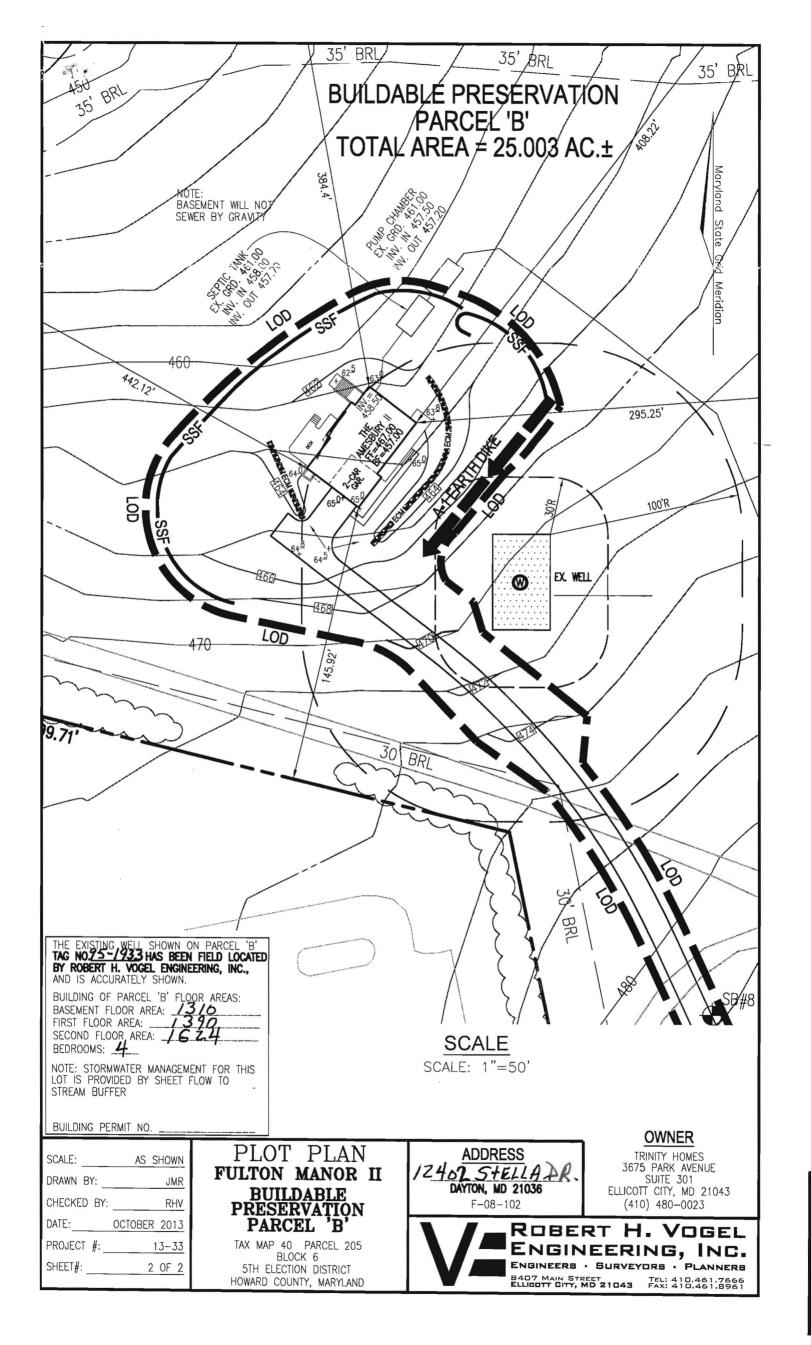
Howard County Dept. of Inspections, Licenses, and Permits

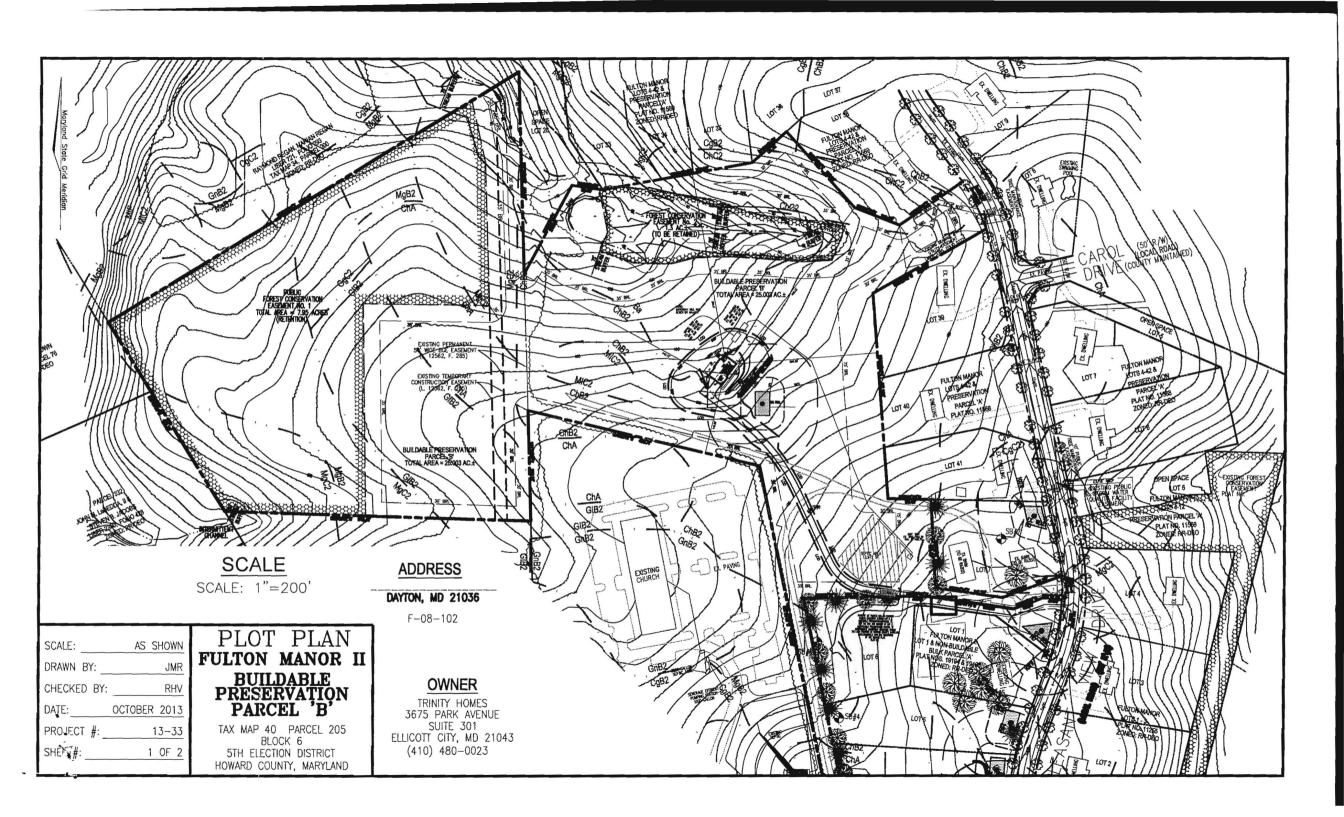
Community Hygiene Program

File









NTS - BALTIMORE



Formerly Trace Laboratories, Inc. 5 North Park Drive Hunt Valley, MD 21030 USA Telephone: 410/584-9099 / Fax: 410/584-9117

www.nts.com

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 99081

Goodier Builders

Report Date: March 11, 2015

2330 West Joppa Road, Suite 395 Lutherville, Maryland 21093

Property Sampled:

5107 Holly Creek Circle, 21029

Building Permit #:

B14000395

Sample Location:

Pressure Tank Tap

Sampler ID #:

7483AM

Residual Chlorine:

<0.1 mg/L

Samples Iced:

Yes

County:

Howard

Subdivision:

Walnut Grove

Lot #:

65

Date/Time Collected in Field:

March 10, 2015 9:51 am

Date/Time Received in Lab:

March 10, 2015 1:55 pm

Well Tag #: Well Condition: HO-95-0608 (Tag Scratched) 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	7.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.8 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.4 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 NTS.

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:

S/O Number: 94165

Trinity Homes/TBI Homes 3675 Park Avenue, Suite 301 Ellicott City, Maryland 21043 Report Date: September 3, 2014

Property Sampled:

12402 Stella Drive, 20759

Building Permit #:

Not Provided

Sample Location:

Wellhead (After Purging)

Sampler ID #:

7483AM

Residual Chlorine:

<0.1 mg/L

Samples Iced:

Yes

County:

Howard

Subdivision:

Fulton Manor II

Lot #:

Par B

Date/Time Collected in Field:

August 19, 2014 10:41 am

Date/Time Received in Lab:

August 19, 2014 2:10 pm

Well Tag #:

HO-95-1933

None

Well Condition:

2-Piece Cap, Removed for Sampling

Water Treatment/Conditioning:

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	8.0 ± 1.8 ~	Pass
Gross Beta, Short-Term	EPA 900.0	50	8.8 ± 1.6 ~	Pass
Gross Alpha, Long-Term	EPA 900.0	15	6.4 ± 1.9 -	Pass
Gross Beta, Long-Term	EPA 900.0	50	9.1 ± 1.8 -	Pass
Radium 226	EPA 903.1	5 pCi/L	1.6 ± 0.4	
Radium 228	EPA Ra-05	Combined	<0.9 ± 0.6	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

Manager - Drinking Water Testing



NTS - BALTIMORE

Formerly Trace Laboratories, Inc. 5 North Park Drive

Hunt Valley, MD 21030 USA Telephone: 410/584-9099 / Fax: 410/584-9117

www.nts.com

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 99050

Trinity Homes/TBI Homes 3675 Park Avenue, Suite 301 Ellicott City, Maryland 21043 Report Date: March 10, 2015

Property Sampled:

12402 Stella Drive, 20759 —

Building Permit #:

B14001307

Sample Location:

Pressure Tank Tap

Sampler ID #:

7483AM

Residual Chlorine:

<0.1 mg/L

Samples Iced:

Yes

County:

Howard

Subdivision:

Fulton Manor II

Lot#:

Pres B

Date/Time Collected in Field: Date/Time Received in Lab:

March 9, 2015 11:43 am March 9, 2015 1:31 pm

Well Tag #:

HO-95-1933 ~

Well Condition:

2-Piece Cap, Satisfactory

Water Treatment/Conditioning:

N/A - Raw Sample

OK
1
(Krys)

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	4.1 mg/L as N /	Pass
Turbidity	EPA 180.1	10 NTU	1.6 NTU 🖍	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	5.8 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 NTS.

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.