

Transposed copy Released to
Contractor per Request

Septic
well

Joseph said all is done to satisfy health

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

dept & will send
Riley an email.

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: S.M. Fenlon Plumbing Telephone #: 301-854-0500
Address: 13912 Hailon Rd
Dauphin MD 21036

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Sheldon Fenlon License# 11092

*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: Riley Fenlon Telephone #: 240-417-3772
Subdivision: _____ Lot #: _____ Well Tag #: HO - _____
Site Address: 13471 Tradetopia Mill Rd
Clarksville, MD 21029

Submersible Pump Data

Make: Goulds
Model #: 5G505422RC
Pump Capacity: 5 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Camco/Hochart
Model #: P-100SS
Depth: 42" (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____

* No well tag
Existing pit
well brought
up to code

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, 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

Type: Rigid Polyethylene 250 PSI
PSI: 250 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5" minimum from foundation): 5'
Sleeve 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: Sheldon Fenlon

date: 1/30/17

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

Date Insp. Requested: 06/14/16 Date Insp. Approved: 06/14/16 Inspector: KW

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 N/A
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter N/A

02/02/2017 @
Inspected water
line connection
at house. ok
to backfill

transmission

2/16

septic
well

Joseph said all is done to satisfy health
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648
dept & will send
Riley an email.

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Company Name: S.M. Fenlon Plumbing Telephone #: 301-854-0520
Address: 13912 Hailonect Ct
Belton MD 21036

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

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

Name (Print): Sheldon Fenlon License# 11092

*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: Riley Fenlon Telephone #: 240-417-3772

Subdivision: _____ Lot #: _____ Well Tag #: HO - _____

Site Address: 13471 Tradeville Mill Rd
Clarksville, MD 21029

* No well tag

Submersible Pump Data

Make: Goulds
Model #: 59505422RC
Pump Capacity: 5 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Camco #10055
Model #: P-10055
Depth: 42" (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____

Existing pit
well brought
up to code

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, 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

Type: Polyethylene 250 PSI
PSI: 250 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 5'
Sleeve 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: Sheldon Fenlon date: 1/30/17

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

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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 N/A
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter N/A

02/02/2017 @
Inspected water
line connection
at house. ok
to backfill

ORIGINAL

**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

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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 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: _____ Telephone #: 301-252-1933
Subdivision: _____ Lot #: _____ Well Tag #: HO -
Site Address: 13471 Triadelphia Mill Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

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

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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
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.

Signature of company representative responsible for installation _____ date _____

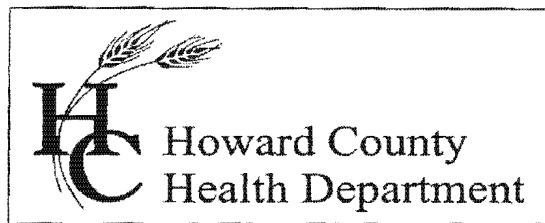
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 6/14/16 Date Insp. Approved: 6/14/16 Inspector: KW

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Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade N/A
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter N/A

Line Re-routed into new location in house

02/02/2017 le
inspected
water line connection
at house. OK
to backfill



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

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., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - January 25, 2018

July 25, 2017

Riley Fenlon
13471 Triadelphia Mill Road
Clarksville, MD 21029

RE: 13471 Triadelphia Mill Road
Building Permit: B16005153
Well Permit: H0-unknown

Dear Mr. Fenlon:

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 **7/13/2017**. Final approval of the well line connection to the dwelling was granted on **2/2/2017**. The existing well that serves the dwelling does not have a well tag and no records were found from the Health Department. The well was brought up to current construction standards; the Health Department certifies the water sample results but not construction of the existing well. Water samples were collected on **7/13/2017**.

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.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed. 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 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Sarah Collins, LEHS
Groundwater Management Section
Well & Septic Program

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

A.C. Schultes of Maryland, Inc.
8221 Cloverleaf Drive
Millersville, MD 21108
USA

Invoice#
061316
Invoice Date
6/13/16

Voice: (410) 841-6710
Fax: (410) 841-6711
Email: acsofmd@comcast.net

Sold To:

Riley Fenlon
13471 Triadelphia Mill Rd.
Clarksville, MD 21029

Customer ID: A1090

Customer PO	Payment Terms	Due Date
	Net 30 Days	6/13/16

Description	Amount
Attn: Riley Fenlon Re: Extend 6" casing Supply welder to extend 6" casing above ground surface: one hour @ \$125.00/hr.	\$125.00
<i>Thank you for your business!</i>	

We accept Discover, Mastercard and Visa
An interest charge of 1.5% per month will be assessed to all unpaid balances
in excess of thirty (30) days past due.

Subtotal	\$125.00
Sales Tax	
TOTAL INVOICE AMOUNT	\$125.00



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

July 21, 2017

MR. RILEY FENLON
C/O MONIQUE FENLON
13912 HOLLOWAY COURT
DAYTON, MD 21036

RE: Water Sample Results
13471 TRIADELPHIA MILL ROAD

Dear Mr. Fenlon,

We have received the results from the testing of the water sample(s) taken from the above referenced property on July 13, 2017. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 1.49 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was 1.8 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, the presence of **Sand** was not visible within the sample.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Kathleen Cook, R.S.
Community Hygiene Program

Enclosures

Howard County Health Department

DIVISION OF ENVIRONMENTAL SCIENCES

Bureau of Environmental Health

1770 Ashland Avenue, Baltimore, MD 21205

8930 Stanford Blvd.

Robert A. Myers, Ph.D. Director

PHONE NO. Columbia, Maryland 21045

MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

000605

Category Code: 4 F

Invoice No.:

Lab No.:

FIELD RECORD

Sample Type: <input type="checkbox"/> Community <input type="checkbox"/> Transient <input type="checkbox"/> Non-Transient <input checked="" type="checkbox"/> Private <input type="checkbox"/> Repeat Sample <input type="checkbox"/> C.O.P. <input type="checkbox"/> Bottled Water <input type="checkbox"/> OTHER:	Source Address: <u>Riley Fenton, 13471 Triadelphia Mill Rd</u>	Bottle No.: <u>HC13471</u>
	Sampling Site: <u>Bathroom</u>	
	Ice: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated: Yes <input type="checkbox"/> No <input type="checkbox"/> County: <u>HOWARD</u>	
	Date Collected: <u>7/13/17</u>	Time Collected: <u>11:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Collector Name: <u>B. SHKLYAR</u>	Collector ID No.: <u>3179 BS</u>
	Collector Tel. No: <u>410-313-1787</u>	PWS ID No.:

Test Requested: <input checked="" type="checkbox"/> Quantitative: Colilert-QT <input type="checkbox"/> Heterotrophic Plate Count <input type="checkbox"/> Multiple Tube Fermentation: MTF <input type="checkbox"/> Quantitative: Enterolert <input type="checkbox"/> Other: <u>Y SAND PRESENCE NOT</u>	<input type="checkbox"/> P/A: Colilert <input type="checkbox"/> SimPlate	County: <u>13</u> Plant No.: <u>00</u> Sampling Station: <u>00</u>
pH: <u>8.5</u> Res.Cl: <u>00</u> Free: <u>00</u> Total: <u>00</u>	Remarks: <u>FOUND Y Y MAIL RESUME</u> <u>to: 13812 HAINWELL CT</u>	

LABORATORY RECORD (DHMH Use Only)

Test Method(s): (check all that apply) <input type="checkbox"/> SM 9223 Colilert <input type="checkbox"/> SM 9223 Colilert-QT <input type="checkbox"/> SM 9223 Colilert-18 <input type="checkbox"/> SM 9221B (MTF) <input type="checkbox"/> SM 9221B, F (MTF) <input type="checkbox"/> SM 9223 Colisure <input type="checkbox"/> SM 9215B (HPC) <input type="checkbox"/> Enterolert ASTM D6503-99 <input type="checkbox"/> SimPlate <input type="checkbox"/> Other:	Temperature Control: <u>6.0</u> °C	Thiosulfate: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undetermined
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

P/A Test <table border="1"> <tr> <th>100 mL Sample</th> <th>(+/-)</th> </tr> <tr> <td>Total Coliforms</td> <td></td> </tr> <tr> <td>E. coli</td> <td></td> </tr> <tr> <td>Enterococci</td> <td></td> </tr> </table>	100 mL Sample	(+/-)	Total Coliforms		E. coli		Enterococci		Quantitative Test Dilution: <input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000 <table border="1"> <tr> <th>100 mL Sample</th> <th># Positive wells</th> <th>MPN/100 mL</th> </tr> <tr> <td>Total Coliforms</td> <td><u>0</u></td> <td><u><1</u></td> </tr> <tr> <td>E. coli</td> <td><u>0</u></td> <td><u><1</u></td> </tr> <tr> <td>Enterococci</td> <td></td> <td></td> </tr> </table>	100 mL Sample	# Positive wells	MPN/100 mL	Total Coliforms	<u>0</u>	<u><1</u>	E. coli	<u>0</u>	<u><1</u>	Enterococci			Heterotrophic Plate Count Incubated 24, 48, 72hr @ 35°C Plate A: <table border="1"><tr><td></td></tr></table> Plate B: <table border="1"><tr><td></td></tr></table> Average: <table border="1"><tr><td></td></tr></table> CFU/mL MPN/mL			
100 mL Sample	(+/-)																								
Total Coliforms																									
E. coli																									
Enterococci																									
100 mL Sample	# Positive wells	MPN/100 mL																							
Total Coliforms	<u>0</u>	<u><1</u>																							
E. coli	<u>0</u>	<u><1</u>																							
Enterococci																									

Received <u>JUL 13 '17 PM 2:12</u> <u>JUL 13 '17 PM 3:43</u> Placed in Incubator <u>JUL 14 '17 AM 9:56</u> Results Read/Reported <u>7-14-17</u>	Presumptive MTF Test <table border="1"> <tr> <th>mL of Sample</th> <th>10 mL</th> </tr> <tr> <td>Gas/24h</td> <td></td> </tr> <tr> <td>Gas/48h</td> <td></td> </tr> </table>	mL of Sample	10 mL	Gas/24h		Gas/48h		MTF Results <table border="1"> <tr> <th>No. of Positive (+)</th> <th>MPN/100 mL</th> <th>Recorded Value</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	No. of Positive (+)	MPN/100 mL	Recorded Value						
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Confirmed MTF Test <table border="1"> <tr> <th>mL of Sample</th> <th>10 mL</th> </tr> <tr> <td>Total Coliforms</td> <td></td> </tr> <tr> <td>E. coli</td> <td></td> </tr> </table>	mL of Sample	10 mL	Total Coliforms		E. coli		RECEIVED JUL 18 2017 HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM										
mL of Sample	10 mL																
Total Coliforms																	
E. coli																	
Specialized Testing Results:																	

Analyst: L. Page 7-14-17 Reviewed by/Date: J. G. 7-14-17

Remarks: ☐ Fax ☐ Email ☐ Phone

Laboratory: ☒ Central Lab (443) 681-3960 ☐ ESRL (410) 219-9005 ☐ WMRL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DEMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1779 Ashland Ave
Baltimore, Maryland 21205
WATER ANALYSIS

inorganic

MC13471

Do not write above this line.

FIELD	Plant No.	<div></div> <div></div> <div></div> <div></div>	Sampling Station	<div></div> <div></div> <div></div> <div></div>	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input checked="" type="checkbox"/>	Type of Acid	H ₂ SO ₄
	pH	<div></div> <div>8</div> <div>5</div>	Chlorine: Free	<div></div> <div>0</div> <div>0</div>	Total	<div></div> <div>0</div> <div>0</div>	Specific Conductance	<div></div> <div></div> <div></div> <div></div> <div></div>		
	Notes to Lab/Remarks:									pH _{c2}
	No R/P * SEND RESULTS TO: 13512									R#
	HAWKINS ET									

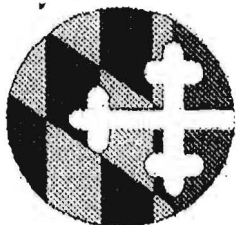
[illegible]Number of
Tests Requested

DIKHH 90-A-KTS

Section Chief

Date _____

Reported



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

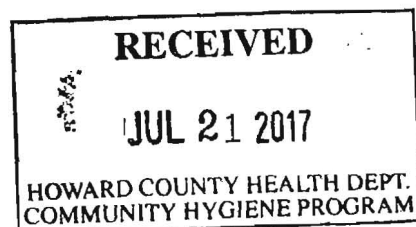
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21046

Lab Project NoE18000144 Date Coll. 07/13/2017 Date Received 07/13/2017 Submitted By:Shklyar

Field ID: HC13471
Lab No.: E18000144001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	1.49	mg N/L	07/19/2017
Turbidity	EPA 180.1	1.8	NTU	07/14/2017

Comments:



Approved by: *Robert Myers*

Approval date: 07/21/2017

*The following methods are included in our AZLA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\Enviro\Final-InorganicsA.rpt

6-14-16

13471 Trindholm Mill Rd



6-14-16

