

| | | | |
|--|---|--|--|
| C 1 27677 | SEQUENCE NO. (MDE USE ONLY) | 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. |
| (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | COUNTY NUMBER 13 | |
| ST/CO USE ONLY DATE RECEIVED MM 08 DD 21 YR 17 | DATE WELL COMPLETED MM 8 DD 14 YR 2017 | | PERMIT NO. FROM "PERMIT TO DRILL WELL" HO- 17-0149 |
| OWNER Highland Development Corporation | | Depth of Well 22 280 26 (TO NEAREST FOOT) | |
| WELL SITE ADDRESS 1000 Vista Way | | TOWN Clarksville | |
| SUBDIVISION Brighton Hill II | | SECTION 11 LOT 3 | |

| WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top;"> <div style="font-size: 24pt; font-family: cursive;"> Sand 0 73 Mica Rock 73 280 Water 195 </div> </td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing | FROM | TO | <div style="font-size: 24pt; font-family: cursive;"> Sand 0 73 Mica Rock 73 280 Water 195 </div> | | | | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 74 ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td style="text-align: center;">ST STEEL</td> <td style="text-align: center;">CO CONCRETE</td> </tr> <tr> <td style="text-align: center;">PL PLASTIC</td> <td style="text-align: center;">OT OTHER</td> </tr> </table> <table style="width:100%;"> <tr> <td style="width:33%;">MAIN CASING TYPE ST</td> <td style="width:33%;">Nominal diameter top (main) casing (nearest inch) 6</td> <td style="width:33%;">Total depth of main casing (nearest foot) 77</td> </tr> <tr> <td style="text-align: center;">60 61</td> <td style="text-align: center;">63 64</td> <td style="text-align: center;">66 67 70</td> </tr> </table> OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____ E A C H C A S I N G _____ | ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER | MAIN CASING TYPE ST | Nominal diameter top (main) casing (nearest inch) 6 | Total depth of main casing (nearest foot) 77 | 60 61 | 63 64 | 66 67 70 | C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 189 ft. TYPE OF PUMP USED (for test) <table style="width:100%;"> <tr> <td style="text-align: center;">A air</td> <td style="text-align: center;">P piston</td> <td style="text-align: center;">T turbine</td> </tr> <tr> <td style="text-align: center;">C centrifugal</td> <td style="text-align: center;">R rotary</td> <td style="text-align: center;">O other (describe below)</td> </tr> <tr> <td style="text-align: center;">J jet</td> <td style="text-align: center;">S submersible</td> <td></td> </tr> </table> | A air | P piston | T turbine | C centrifugal | R rotary | O other (describe below) | J jet | S submersible | |
|--|---|--|--|------------------------------|------------------------------|----|--|--|--|--|--|---|--|---|---|---|---|--|-------|-------|----------|---|---|--|---|---|--|--|---|---|--|
| DESCRIPTION (Use additional sheets if needed) | | FEET | | | check if water bearing | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="font-size: 24pt; font-family: cursive;"> Sand 0 73 Mica Rock 73 280 Water 195 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ST STEEL | CO CONCRETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PL PLASTIC | OT OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 60 61 | 63 64 | 66 67 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A air | P piston | T turbine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C centrifugal | R rotary | O other (describe below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J jet | S submersible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|--|---|--|---|--------|-------|----|----------|-------|----|----------|-------|----|--|
| NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N 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 28.04.04 "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. | C 2 DEPTH (nearest ft.) <table style="width:100%;"> <tr> <td style="width:33%;">1 Ho</td> <td style="width:33%;">2 76</td> <td style="width:33%;">3 280</td> </tr> <tr> <td style="text-align: center;">8 9 11</td> <td style="text-align: center;">15 17</td> <td style="text-align: center;">21</td> </tr> <tr> <td style="text-align: center;">23 24 26</td> <td style="text-align: center;">30 32</td> <td style="text-align: center;">36</td> </tr> <tr> <td style="text-align: center;">38 39 41</td> <td style="text-align: center;">45 47</td> <td style="text-align: center;">51</td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____ GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 | 1 Ho | 2 76 | 3 280 | 8 9 11 | 15 17 | 21 | 23 24 26 | 30 32 | 36 | 38 39 41 | 45 47 | 51 | PUMP INSTALLED DRILLER INSTALLED PUMP YES 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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 1 (nearest foot) LATITUDE 39.21530 LONGITUDE 76.98258 (DEFAULT COORD. WGS 84) NOTES: |
| 1 Ho | 2 76 | 3 280 | | | | | | | | | | | | |
| 8 9 11 | 15 17 | 21 | | | | | | | | | | | | |
| 23 24 26 | 30 32 | 36 | | | | | | | | | | | | |
| 38 39 41 | 45 47 | 51 | | | | | | | | | | | | |

| | | |
|--|--|---|
| DRILLERS LIC. NO. M 5 D 227 DRILLERS SIGNATURE [Signature] (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____ 70 _____ 72 _____ TELESCOPE CASING LOG INDICATOR OTHER DATA | SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) |
|--|--|---|

| | | | |
|--|--------------------------------|--|--|
| B 1 42875 1 2 3 6 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 3d0628-B | STATE PERMIT NUMBER 70 <u>H0-17-0149</u> 79 fill in this form completely |
| Date Received (APA) <u>050217</u> 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Highland Development Corp</u> 34 First Name 36 P.O. Box 228 Street or RFD 55 57 Clarksville md 21029 76 Town State Zip DRILLER INFORMATION Driller's Name <u>Larry Mayne</u> 76 License No. <u>M SD 027</u> 81 Firm Name <u>Joseph & Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy 21771</u> Signature <u>Larry Mayne</u> 4-25-2013 Date | | B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Brighton Mill</u> 42 SECTION <u>44</u> 46 LOT <u>3</u> 48 50 52 NEAREST TOWN <u>Clarksville</u> 71 | |
| B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20 | | B 4 SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 30 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>34</u> BLK: <u>2</u> PARCEL <u>16</u> | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> 13 COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>6/8/17</u> 43 MM DD YY 48 CO SIGNATURE <u>Cal. Calli</u> 6/8/18 EXP. DATE DOW: 08/11/17 DAY: 08/14/17 DOG: 08/14/17 | |
| APPROXIMATE DEPTH OF WELL <u>320</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> 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 _____ | | PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 | | Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law. | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-17-0149</u> 70 71 72 73 74 75 76 77 78 79 | | | |
| SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Sodium chloride - TDS samples req'd at yield</u> | | | |

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, Pileless 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: Jonies Well Pumps & Water Treatment, LLC
Address: 5810 Obrecht Rd
Sikesville, MD 21784
Telephone #: 410 795 5670

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

Name (Print): David C Fogle License #: M5D226

*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: NVR Telephone #: 443-309-7779
Subdivision: Brighton mill Lot #: 3 Well Tag #: HO-17-0149 ✓
Site Address: 13611 Curtis Vista Way
Clarksville, MD 21029

| Seizureable Pump Data | Pileless Adapter | Well Cap and Electric Conduit |
|---|------------------------------|---|
| Make: <u>Couls</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>THS05422</u> | Model #: <u>NA</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity: <u>5</u> GPM | Depth: <u>36" (36" min)</u> | Cap secured to casing: <u>YES</u> |
| Well Yield: <u>7</u> GPM | NSP/WSC approved: <u>YES</u> | Conduit min 18" R.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>280 (feet)</u> | | Conduit secured to well cap: <u>YES</u> |

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4
Torque wrenches, 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: NA

| Piping to house | House Connection |
|--|--|
| Type: <u>1" poly pipe</u> | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>250 (50 psi min)</u> | Length of sleeve (5' minimum from foundation): <u>6'</u> |
| Depth of supply line: <u>36" (36" min)</u> | Sleeve sealed properly: <u>YES</u> |

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: [Signature] date: 10/22/18

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

Date Insp Requested: 10/23/18 Date Insp Approved: 10/23/18 Inspector: [Signature]
Inspection Data: Pileless 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 pileless adapter ✓

* Need to verify grade @ well head (8")

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – JUNE 13, 2019**

December 13, 2018

Homeowner
13611 Curtis Vista Way
Clarksville, MD 21029**RE: Brighton Mill II, Lot 3
13611 Curtis Vista Way
Building Permit: B18002755
Well Permit: HO-17-0149**

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 **10/17/2018**. Final approval of the well line connection to the dwelling was granted on **10/23/2018**. The well construction was completed on **8/14/2017**. Water samples were collected on **11/29/2018, 12/5/2018**.

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 under well permit HO-17-0149. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

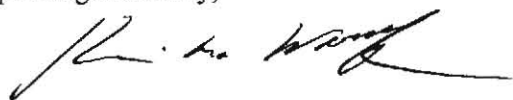
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

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.

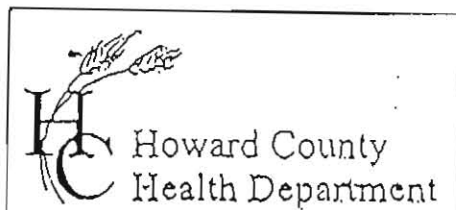
Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

W560628



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Brighton Mill 11 Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Parcel A
 Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Benchmark
 (professional land surveyor or company employing professional land surveyors)
 on 4-28-2017 (date) and does not require a site inspection.

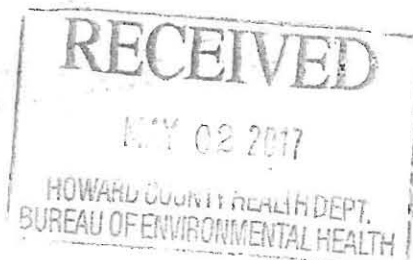
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Richard Demmitt

410-365-0414



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 126968 Account #: 1933
Reference: Brighton Mill Lot 3 Company: Fogles Well Pump & Treatment
Location: 13611 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 11/29/2018 0815 Site: Kitchen Sink Tap
Date/Time Rec'd: 11/29/2018 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: A. Berchock 1233AB Well #: HO-17-0149

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | 6.4 | MPN/ 100 ml | <1.0 | SM20 9223B | 11/30/2018 / 1015 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 11/30/2018 / 1015 / RER |
| Nitrate | <1.0 | mg/L | 10 | 601 | 11/29/2018 / 1620 / RER |
| Turbidity | 6.41 | NTU | <10 | SM20 2130B | 11/29/2018 / 1625 / RER |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 11/29/2018 / 1625 / RER |

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B18002755

Date Reported: 11/30/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|------------------------|---------------|------------------------------|
| Laboratory ID #: | 127120 | Account #: | 1933 |
| Reference: | Brighton Mill Lot 3 | Company: | Fogles Well Pump & Treatment |
| Location: | 13611 Curtis Vista Way | Requested By: | Dave Fogle |
| | Clarksville, MD 21029 | Source: | Well Water |
| Date/ Time Collected: | 12/5/2018 1130 | Site: | Kitchen Sink |
| Date/Time Rec'd: | 12/5/2018 1600 | Treatment: | None |
| Chlorine ppm: | Free: ND Total: ND | pH: | 6.7 |
| Collected By: | A. Berchok 1233AB | Well #: | HO-17-0149 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 12/6/2018 / 1045 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 12/6/2018 / 1045 / RER |

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** B18002755Date Reported: 12/6/2018

Send Report To:

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

State of Maryland
Department of Health
Laboratories Administration
State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received

E18000642001

Received 08/15/2017

Metals

HOJC0149Na

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HOJC0149Na Site Name: HO-17-0149 County: Howard
Sample Source: Brighton Mills II - Lot 3 Collector: Joseph Casarico
Street Town or City Units Name

Date Collected: 08/04/2017 Time Collected: 10:45 a.m. p.m. Phone #: 410 313 2643

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: HNO₃ mL pH: 2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code: ☒ Non-Community ☐ Sediment ☐ Other
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Sample collected by Driller @ field

| ✓ | Element | Results (ppm) | ✓ | Element | Results (ppm) |
|---|------------------------|---------------|---|----------------|---------------|
| | Antimony (Sb) | | | Copper (Cu) | |
| | Arsenic (As) | | | Lead (Pb) | |
| | Barium (Ba) | | | Silver (Ag) | |
| | Beryllium (Be) | | | Zinc (Zn) | |
| | Cadmium (Cd) | | | Aluminum (Al) | |
| | Chromium (Cr) | | | Iron (Fe) | |
| | Mercury (Hg) | | | Manganese (Mn) | |
| | Nickel (Ni) | | | Calcium (Ca) | |
| | Selenium (Se) | | | Magnesium (Mg) | |
| | Sodium (Na) <u>SHS</u> | | | Potassium (K) | |
| | Thallium (Tl) | | | Uranium (U) | |
| | | | | Vanadium (V) | |

Lab Supervisor: _____

Date Reported: _____

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

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AUG 29 2017
HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

Send Report To:

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

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E18000642001

Received: 08/15/2017

Metals

HOJC0149Na

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: H0C049N Site Name: H0-17-0149 County: Howard
Sample Source: Brighton Mills II - Lot 3 Collector: JOSEPH CABANIS
Street Town or City Name
Date Collected: 08/01/2017 Time Collected: 10:45 a.m. p.m. Phone #: 410 313 2643

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 2 mL pH: _____

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code: ☒ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Sample collected by Driller @ field

| ✓ | Element | Results (ppm) | ✓ | Element | Results (ppm) |
|---|------------------------|---------------|---|----------------|---------------|
| | Antimony (Sb) | | | Copper (Cu) | |
| | Arsenic (As) | | | Lead (Pb) | |
| | Barium (Ba) | | | Silver (Ag) | |
| | Beryllium (Be) | | | Zinc (Zn) | |
| | Cadmium (Cd) | | | Aluminum (Al) | |
| | Chromium (Cr) | | | Iron (Fe) | |
| | Mercury (Hg) | | | Manganese (Mn) | |
| | Nickel (Ni) | | | Calcium (Ca) | |
| | Selenium (Se) | | | Magnesium (Mg) | |
| ✓ | Sodium (Na) <u>SHS</u> | | | Potassium (K) | |
| | Thallium (Tl) | | | Uranium (U) | |
| | | | | Vanadium (V) | |

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



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18000642 Date Coll.: 08/14/2017 Date Received: 08/15/2017 Submitted By: J. Cabahug

Field ID: HOJC0149Na
Lab No.: E18000642001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7 | Sodium | 6.94 | ppm | 08/17/2017 |

Comments:

Approved by: Sadia Munir

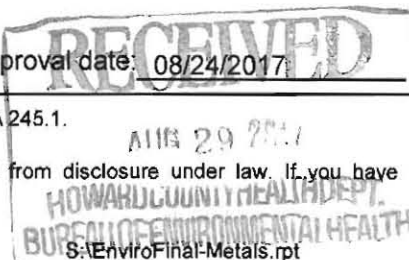
Approval date: 08/24/2017

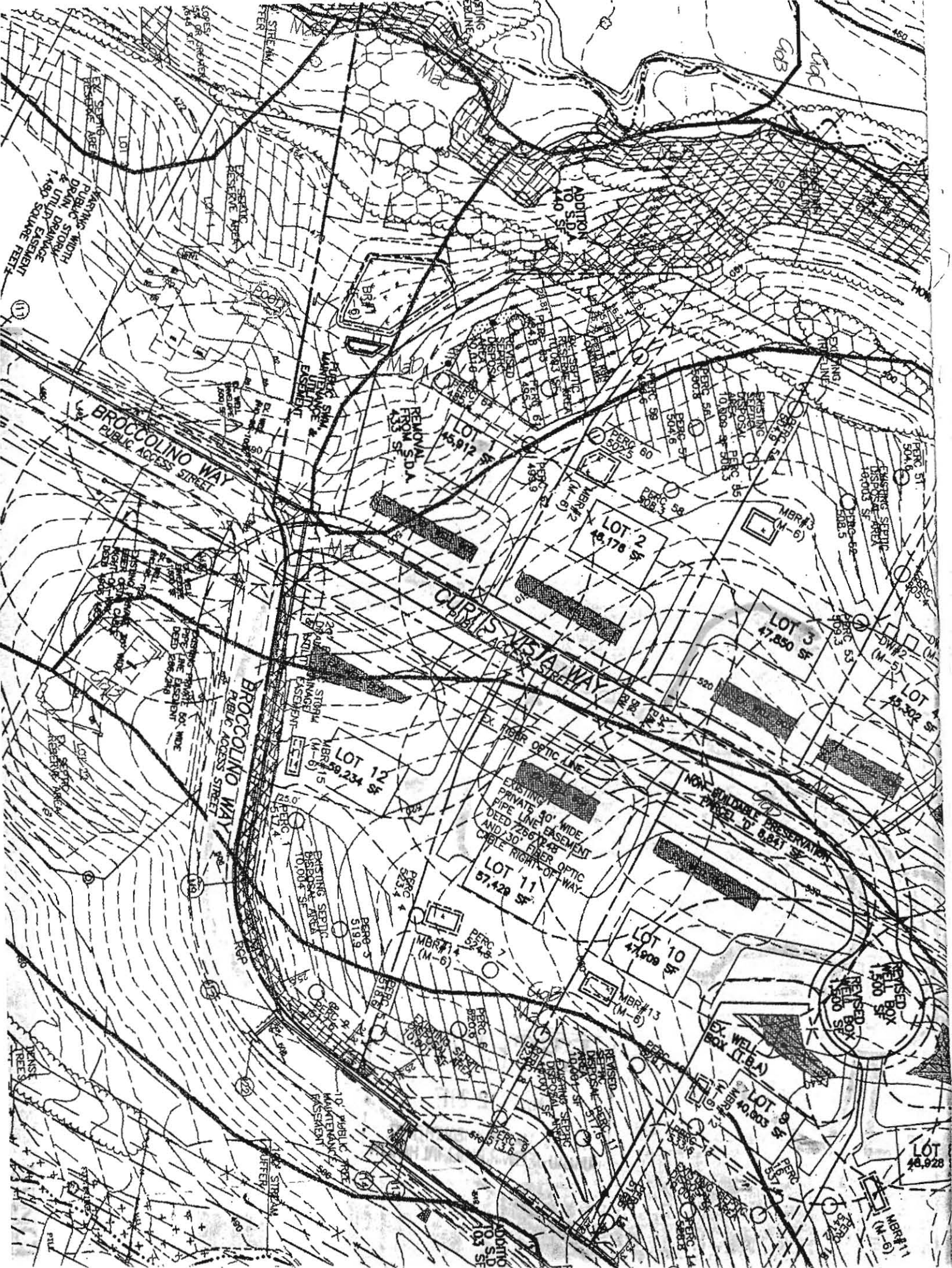
**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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Telephone: (443) 681 - 3853

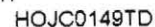
Fax: (443) 681-4507





**Howard County Health Department
Bureau of Environmental Health
8830 Stanford Blvd.
Columbia, Maryland 21045**

State of Maryland
DHMH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS



| | | | | | | | | | | | | | | | | |
|-------|--|----------------------|----------------------|----------------------|----------------------|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| FIELD | Plant No. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Sampling Station | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Preservation: Iced | <input type="checkbox"/> | Acid | <input type="checkbox"/> | Type of Acid | <input type="text"/> |
| | pH | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Chlorine: Free | <input type="text"/> | <input type="text"/> | <input type="text"/> | Total | <input type="text"/> | <input type="text"/> | Specific Conductance | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Notes to Lab/Remarks: <i>Sample collected by Driller @ yield</i> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

[illegible]

DHMH 90-A 05/17

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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 21045

Lab Project NoE18000640 Date Coll. 08/14/2017 Date Received 08/15/2017 Submitted By: Cabahug, J

Field ID: HOJC0149TD
Lab No.: E18000640001

| <u>Analyte</u> | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride | SM 4500-Cl E | <10 | mg/L | 08/21/2017 |
| Total Dissolved Solids | SM 2540C | 100 | mg/L | 08/17/2017 |

Comments:

Approved by:

Approval date: 08/25/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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