

C1 42308	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.																																																																																																																																												
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																																																																																																																																															
ST/CO USE ONLY DATE Received MM <u>03</u> DD <u>02</u> YY <u>16</u>	DATE WELL COMPLETED MM <u>21</u> DD <u>26</u> YY <u>16</u>	Depth of Well 22 <u>275'</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>3/4/16 SC</u> <u>HO-15-0206</u>																																																																																																																																												
OWNER <u>Williamsburg Homes</u> WELL SITE ADDRESS <u>Home Farm Rd</u> TOWN <u>Fulton</u> SUBDIVISION <u>Westland Farm Estates</u> SECTION _____ LOT <u>12</u>																																																																																																																																															
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>58</u> NO. OF POUNDS <u>5432</u> GALLONS OF WATER <u>348</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>87</u> ft. (enter 0 if from surface)																																																																																																																																													
<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>Light Brown Loam</td> <td>0</td> <td>71</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>71</td> <td>255</td> <td></td> </tr> <tr> <td>White</td> <td>255</td> <td>256</td> <td>✓</td> </tr> <tr> <td>Gray White</td> <td>256</td> <td>275</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Light Brown Loam	0	71		Gray Limestone	71	255		White	255	256	✓	Gray White	256	275		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><u>ST</u> STEEL</td> <td><u>CO</u> CONCRETE</td> </tr> <tr> <td><u>PL</u> PLASTIC</td> <td><u>OT</u> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>89</u>		<u>ST</u> STEEL	<u>CO</u> CONCRETE	<u>PL</u> PLASTIC	<u>OT</u> OTHER																																																																																																																		
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to _____																																																																																																																																													
WELL HYDROFRACTURED <u>Y</u> <u>N</u>		SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><u>ST</u> STEEL</td> <td><u>BR</u> BRASS</td> <td><u>HO</u> OPEN HOLE</td> </tr> <tr> <td><u>PL</u> PLASTIC</td> <td><u>OT</u> OTHER</td> <td></td> </tr> </table>		<u>ST</u> STEEL	<u>BR</u> BRASS	<u>HO</u> OPEN HOLE	<u>PL</u> PLASTIC	<u>OT</u> OTHER																																																																																																																																							
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DRILLERS LIC. NO. <u>MSD 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>																																																																																																																																													
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 _____ 72 _____ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																																																																																																																													

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 5.5
 METHOD USED TO MEASURE PUMPING RATE 1 gal
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 69 ft.
 WHEN PUMPING 128 ft.
 TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 02 (nearest foot)
- below

LATITUDE 39.1499672
 LONGITUDE 76.9503098
 (DEFAULT COORD. WGS 84)

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.

B 1 38285 1 2 3 6	SEQUENCE NO. (MDE USE ONLY) 557988	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-15-0206 70 fill in this form completely 79
Date Received (APA) 02-01-16 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Williamshurst Homes 34 36 Street or RFD 5485 Harpers Farm RD 55 57 Town Columbia md 70 State 21044 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Westland Farm Estates 42 SECTION 44 46 LOT 12 48 50 52 NEAREST TOWN Fulton 71	
DRILLER INFORMATION Driller's Name Allen Compton 76 License No. MSD 009 81 Firm Name Fogles Well Drilling LLC Address P.O. Box 202 Woodbine md 21797 Signature Allen Compton 1-20-16 Date		B 4 SOURCES OF DRILLING WATER 1. Well water 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 Lime Kiln RD 30 34 100' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 45 BLK: 5 PARCEL 28	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE 5 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 20 (GAL. PER DAY)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. (13) STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 2/10/16 CO SIGNATURE Sub Call EXP. DATE 2/10/17 43 MM DD YY 48	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-15-0206 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Sodium, chloride, TDS samples required at yield.			

[illegible]

**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 Line

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: Boyles Well Pump & Water Treatment, LLC Telephone: 410 795 5670
Address: J 580 Obrecht Rd.
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): David C. Foglio License #: MSD226
= A Licensed individual must be present for 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: Williamsburg Homes Telephone: _____
Subdivision: Westland Farms Lot #: 12 Well Tag #: HO-15-0206 (5)
Site Address: 12517 Westland Ct
Eulton, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550P07-180</u>	Model #: <u>N/A</u>	Screened vented well cap: <u>YES</u>
Pump Capacity: <u>15 GPM</u>	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>5.5 GPM</u>	NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>275 (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 17.24		
Torque wrenches, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: <u>N/A</u>		

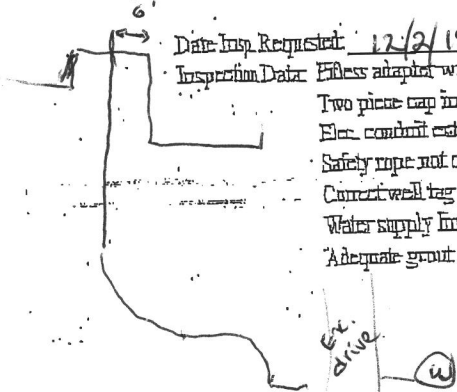
<u>Fixture to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (150 min)</u>	Length of sleeve: <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

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: 12/2/19

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

Date Insp Requested: <u>12/2/19</u>	Date Insp Approved: <u>12/2/19</u>	Inspector: <u>(ST)</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	43"
Two piece cap installed and attached to casing securely	<u>✓</u>	39"
Elec conduit extends at least 18" below grade attached to cap properly	<u>✓</u>	33"
Safety rope not outside of well cap/casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	
Water supply line sleeved adequately at house connection	<u>✓</u>	
Adequate grout observed below pitless adapter	<u>✓</u>	



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 10, 2020

February 10, 2020

Homeowner
12517 Westland Court
Fulton, MD 20759

RE: Westland Farm Est., Lot 12
12517 Westland Court
Building Permit: B19001245
Well Permit: HO-15-0206

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 **12/2/2019**. Final approval of the well line connection to the dwelling was granted on **12/2/2019**. The well construction was completed on **12/26/2016**. Water samples were collected on **2/7/2020**.

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-15-0206. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

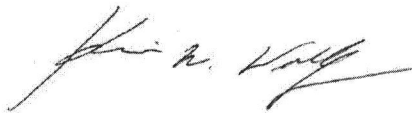
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #: 135602 Account #: 4470
Reference: Westland Farm Estates Lot 12 Company: Williamsburg Homes LLC
Location: 12517 Westland Court Requested By: Bill McBride
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 2/7/2020 1223 Site: Downstairs Bath Sink
Date/Time Rec'd: 2/7/2020 1519 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: R. Ott 0266RO Well #: HO-15-0206

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/8/2020 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/8/2020 / 1000 / LLO
Nitrate	3.82	mg/L	10	601	2/7/2020 / 1610 / RER
Turbidity	0.40	NTU	<10	SM20 2130B	2/7/2020 / 1630 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2020 / 1630 / 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 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 19001245

Date Reported: 2/10/2020



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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 NoE16003104 Date Coll. 02/26/2016 Date Received 02/26/2016 Submitted By: S. Collins

Field ID: HO-15-1216
Lab No.: E16003104001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/07/2016
Total Dissolved Solids	SM 2540C	141	mg/L	02/29/2016

Comments:

Approved by:

Approval date: 03/08/2016

*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.

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.



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

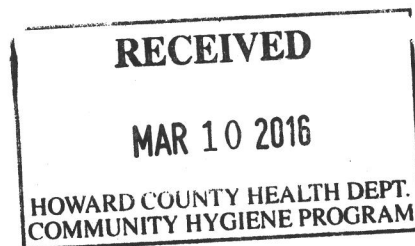
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16003124 Date Coll.: 02/26/2016 Date Received 02/26/2016 Submitted By: Collins

Field ID: HO-15-0206
Lab No.: E16003124001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	3.09	ppm	02/29/2016

Comments:



Approved by: Yungso Choi

Approval date: 03/03/2016

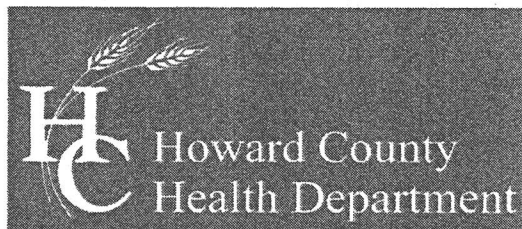
**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



Bureau of Environmental Health

8930 Stanford Boulevard, 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

Dr. Maura J. Rossman, M.D., 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:

Westland Farm Estates

Subdivision/Property Name

12

Lot #

Lime Kiln Rd

Road Name

☒ The well site has been staked by Fisher Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on January 14, 2016 (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.

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.

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

Lab No. Date Received



E16003124001

Received: 02/26/2016

Metals

HO-15-0206

Do not write above this line

Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0206 Site Name: Westland Farms County: Howard

Sample Source: Westland Court Lot 12 Fulton Collector: S. Collins
Street Town or City Name

Date Collected: 2/26/2016 Time Collected: 10:45 a.m. p.m. Phone #: 410-313-6257

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

Preservative Used: ☒ HNO₃ Plt 2, 545, 212416 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 taken during yield test

✓	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>MM</u>		Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

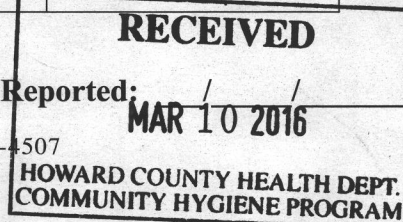
Date Reported: MAR 10 2016

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



Send Report To: Bert Nixon
Howard Co Health Dept.
Bureau of Environmental Health

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



E16003104001

Received: 02/26/2016

Inorganic

HO-15-1216

8930 Stanford Blvd.

Columbia, MD 21045

SAMPLE ID	Bottle Number	H0-15-0206		Name	Westland Farms		County	Howard	County Code	13					
	Location	Westland Court Lot 12 Fulton						Data Category Code	4F						
	Collected: Date	2/26/16		Time	10:45 am		Collector & Phone	S. Collins 410-313-6287		Submitter Code					
	CHECK (one per box)														
	<input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other			<input type="checkbox"/> Community <input type="checkbox"/> Non-community <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL			<input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Recheck <input type="checkbox"/> Special		Federal Project	S		
FIELD	Plant No.				Sampling Station				Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid		
	pH				Chlorine: Free				Total				Specific Conductance		
	Notes to Lab/Remarks: Sample taken during yield test														

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

Date Reported _____