

C1 46076 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. COUNTY NUMBER

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM 04 DD 05 YR 17

DATE WELL COMPLETED MM 3 DD 3 YY 17

Depth of Well 600 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0017

OWNER Boardman George WELL SITE ADDRESS Andrew Drive TOWN West Friendship SUBDIVISION Campers Folly SECTION LOT 8

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Clay, Brown Mica, Sand stone, Gray Mica, Brown Mica, Gray Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BLC NO. OF BAGS 6 NO. OF POUNDS 300 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) 60

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 66

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE George F. Eustachy LIC. NO. 1 JS D 038

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Bruce Thompson

DEPTH (nearest ft.) 64 600

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 117 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) 49 above LAND SURFACE 2 (nearest) foot below

LATITUDE 39.270632 LONGITUDE 76.983883 (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 SEQUENCE NO. (MDE USE ONLY) 47511 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-17-0017
 1 2 3 6 please type 50566 fill in this form completely 70 79

OWNER INFORMATION
 Date Received (APA) 012317 13320
 8 MM DD YY 13
 15 Last Name BORMAN BOARMAN Owner First Name GEORGE 34
 36 Street or RFD 3625 ANDREA DRIVE 55
 57 Town WEST FRIENDSHIP MD 21784 State 70 Zip 72 76

B 3 LOCATION OF WELL #
 Howard
 8 COUNTY 21
 Paupers Folly
 23 SUBDIVISION 42
 SECTION 44 46 LOT 8 48 50
 West Friendship
 52 NEAREST TOWN 71

DRILLER INFORMATION
 Driller's Name George F. Easterday M^W D 040 76 License No. 81
 Firm Name Franklin Easterday, Inc.
 Address 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Signature George F. Easterday Date 1/23/2017

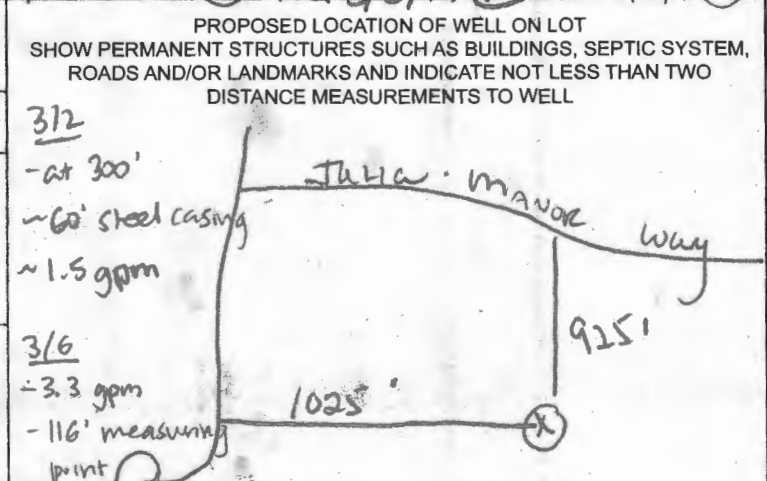
B 4 SOURCES OF DRILLING WATER
 1. wells
 2. HEAT
 3. Bentonite
 Andrea Drive
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 1025 37
 DISTANCE FROM ROAD Ft. 38 39
 ENTER FT OR MI
 TAX MAP: 22 BLK: B PARCEL 116

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 County Name Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 2/17/17 Schall 2/17/18
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 3/2/17 SC DOG: 3/3/17 @ DOY: 3/6/17 SC

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH



METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-17-0017
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- The Health Dept. must receive advance notification

MDE/WMA/PER.071 Sodium, chloride, + TDS samples req'd at yield. COUNTY of all drilling, grouting, + yield tests.

**FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST**

Maryland Well Permit No. HO-17-0017 Election District _____

Location of Property (road) Andrea Dr.

Subdivision Papier's Folly Lot 8 Block _____ Plat _____ Sec. _____

Well Driller R. Astenbury Owner George Bowman

Depth of Well 600-25pm

Distance of Measuring Point (M.P.) above ground 2'

Static Water Level (S.W.L.) below M.P. 20ft

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 GPM

Total time _____ to reach pumping water level _____ ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	<u>Pump Set 175'</u> FLOW METER READING (175')	<u>Ammeter</u> CALCULATED FLOW (gallons per min.)
8:15	115	15' sec		4 GPM
8:30	115	18' sec		3.3 GPM
8:45	115	18' sec		3.3 GPM
9:00	115	18' sec		3.3 GPM
9:15	115	18' sec		3.3 GPM
9:30	115	18' sec		3.3 GPM
9:45	115	18' sec		3.3 GPM
10:00	115	18' sec		3.3 GPM
10:15	115	18' sec		3.3 GPM
10:30	116	18' sec		3.3 GPM
10:45	116	18' sec		3.3 GPM
11:00	116	18' sec		3.3 GPM
11:15	116	18' sec		3.3 GPM
11:30	116	18' sec		3.3 GPM
11:45	116	18' sec		3.3 GPM
12:00	117	18' sec		3.3 GPM
12:15	117	18' sec		3.3 GPM
12:30	117	18' sec		3.3 GPM
12:45	117	18' sec		3.3 GPM
1:00	117	18' sec		3.3 GPM
1:15	117	18' sec		3.3 GPM
1:30	117	18' sec		3.3 GPM
1:45	117	18' sec		3.3 GPM
2:00	117	18' sec		3.3 GPM
2:15	117	18' sec		3.3 GPM

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

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: COOPER Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 5800 Obrecht Rd
Sykesville MD 21154

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 Eagle License# MSD226

*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 INC Telephone #: _____
 Subdivision: Bevoacre Estates Lot #: 3 Well Tag #: HO-17-0617
 Site Address: 3643 Pampers Holly Lane
West Friendship, MD 21794

06/05/2020
 (Signature)

Submersible Pump Data

Make: Goulds
 Model #: 7M510422
 Pump Capacity: 3.3
 Well Yield: 3.3

Pitless Adapter

Make: Campbell+
 Model#: NA
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 600 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" PEX pipe
 PSI: 200 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
 Length of sleeve (5' minimum from foundation): 15'
 Sleeve sealed properly: YES

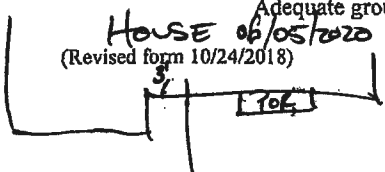
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date 6-5-2020

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

Date Insp. Requested: 06/05/2020 Date Insp. Approved: 06/05/2020 Inspector: _____
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

<input checked="" type="checkbox"/>	39"	06/05/2020	(Signature)
<input checked="" type="checkbox"/>	34"	06/05/2020	(Signature)
<input checked="" type="checkbox"/>	8"	06/05/2020	(Signature)
<input checked="" type="checkbox"/>	18'	06/05/2020	(Signature)



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 7, 2020

August 7, 2020

Homeowner
3643 Paupers Folly Lane
West Friendship, MD 21794

RE: Belvedere Estates, Lot 8
3643 Paupers Folly Lane
Building Permit: B20000940
Well Permit: HO-17-0017

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 **6/12/2020**. Final approval of the well line connection to the dwelling was granted on **6/5/2020**. The well construction was completed on **3/3/2017**. Water samples were collected on **7/24/2020, 8/3/2020, 8/7/2020**.

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-17-0017. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

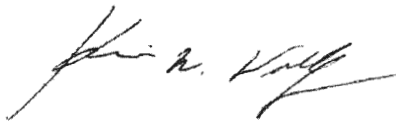
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

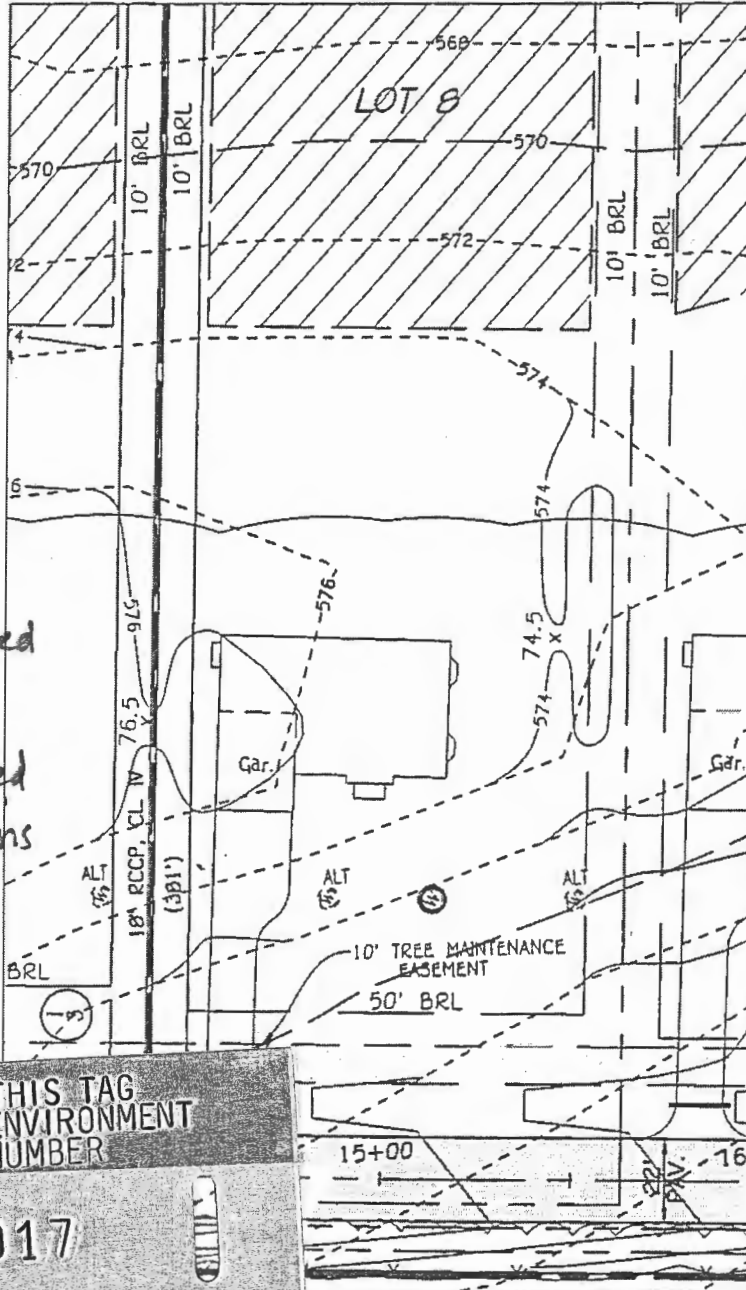
Approving Authority,



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

Lot #	Northing	Easting	Longitude	Latitude
LOT 8	584141.5241	1316926.6928	W76° 59' 01.59"	N39° 16' 14.16"



Well sites approved
2/7/17 sc
Well sites staked
by Fisher Collins
& Carter, Inc.

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-17-0017

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

PLAN
Scale: 1" = 50'

FOLLY LANE
ACCESS PLACE

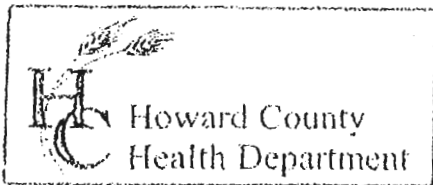
LOT 8 WELL MAP
PAUPERS FOLLY
LOTS 1-11, BUILDABLE PRESERVATION PARCEL 'A'
AND NON-BUILDABLE PRESERVATION PARCEL 'B'

ZONED: RR-DEO
TAX MAP No. 22 GRID No. 8 PARCEL No. 116 & P/O No. 7
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
DATE: JANUARY 20, 2017
SHEET 8 OF 11

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 481 - 2095

Well Maps 8.5 x 11.dwg, 2/3/2017 9:21:11 AM, 1:1

K:\SDSKPROJ\71160 BO



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

- The well site has been staked by Fisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 1-25-17 (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 6/10/03

Paupers Folly

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 #: 138757 Account #: 1933
Reference: Belvedere Lot 8 Company: Fogles Well Pump & Treatment
Location: 3643 Paupers Folly Lane Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 7/24/2020 1500 Site: Pressure Tank
Date/Time Rec'd: 7/24/2020 1556 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0017

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	7/25/2020 / 1630 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/25/2020 / 1630 / CCH
Nitrate	<1.0	mg/L	10	601	7/24/2020 / 1615 / CRS
Turbidity	54.4	NTU	<10	SM20 2130B	7/24/2020 / 1635 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/24/2020 / 1615 / CRS
Iron	5.60	mg/L	0.3*	FR, 45 (126)	7/24/2020 / 1645 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 # : 20000940

Date Reported: 7/27/2020

MD State Certification # 133

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 #: 138893 Account #: 1933
Reference: NV Homes - Belvedere Lot 8 Company: Fogles Well Pump & Treatment
Location: 3643 Paupers Lane Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 8/3/2020 0800 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/3/2020 1057 Treatment: Multi-Media Filter
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: T. Cassell 0767TC Well #: HO-17-0017

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/4/2020 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/4/2020 / 1015 / CCH
Turbidity	0.46	NTU	<10	SM20 2130B	8/4/2020 / 0930 / CRS

NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : 20000940

Date Reported: 8/4/2020

MD State Certification # 133

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

February 26, 2018

Homeowner
3643 Paupers Folly Lane
West Friendship, MD 21794

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 7.03 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 74 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

*Cc: Community Hygiene Program
File*

Send Report To: Bert Nixon
Howard Co. Health Dept.

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

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



E17003487002

Received: 03/08/2017

Metals

HO-17-0017

DO NOT WRITE ABOVE THIS LINE

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-17-0017 Site Name: Paupers Folly - Lot B County: Howard

Sample Source: Andrea Drive Dorton Collector: S. Collins
Street Town of City Name

Date Collected: 3/6/2017 Time Collected: 11 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ mL pH: <2, 5ml, 3/8/17

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
Data Category: Non-Community Sediment Other
Code 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 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>MS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: / /



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: E17003487 Date Coll.: 03/06/2017 Date Received 03/08/2017 Submitted By: Collins

Field ID: HO-17-0017
Lab No.: E17003487002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.03	ppm	03/10/2017

Comments:

Approved by: *Sadia Muneer*

Approval date: 03/15/2017

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

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) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



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 NoE17003478 Date Coll. 03/06/2017 Date Received 03/08/2017 Submitted By:S. Collins

Field ID: HO-17-0017
Lab No.: E17003478002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/13/2017
Total Dissolved Solids	SM 2540C	74	mg/L	03/09/2017

Comments:

Approved by: *Shahen Aneli*

Approval date: 03/15/2017

*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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