

C 1 70144 <small>1 2 3 5</small> (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-5 ON ALL CARDS)	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																																																												
ST/CO USE ONLY DATE RECEIVED MM DD YY	DATE WELL COMPLETED 8-25-22	Depth of Well 22 600 26 1472 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37 40-20-0223																																																												
OWNER <u>Gedin, Kory + Toni</u> WELL SITE ADDRESS <u>14430 Tridaphia Rd</u> TOWN <u>Dayton, MD</u> SUBDIVISION _____ SECTION _____ LOT _____																																																															
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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>750</u> GALLONS OF WATER <u>315</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>100</u> BOTTOM 58 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>Red Dirt</td><td>0</td><td>3</td><td></td></tr> <tr><td>Red Shale</td><td>3</td><td>20</td><td></td></tr> <tr><td>Brd Sand</td><td>20</td><td>40</td><td></td></tr> <tr><td>Brn Rock</td><td>40</td><td>80</td><td></td></tr> <tr><td>Gray Rock</td><td>80</td><td>100</td><td></td></tr> <tr><td>Green Rock</td><td>100</td><td>125</td><td></td></tr> <tr><td>Soft Vord</td><td>125</td><td>130</td><td></td></tr> <tr><td>Gray Rock</td><td>130</td><td>260</td><td></td></tr> <tr><td>Dark Gray Rock - water @ 260</td><td>260</td><td>360</td><td>✓</td></tr> <tr><td>Gray Rock - water @ 540</td><td>360</td><td>540</td><td>✓</td></tr> <tr><td>Gray Rock</td><td>540</td><td>600</td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Red Dirt	0	3		Red Shale	3	20		Brd Sand	20	40		Brn Rock	40	80		Gray Rock	80	100		Green Rock	100	125		Soft Vord	125	130		Gray Rock	130	260		Dark Gray Rock - water @ 260	260	360	✓	Gray Rock - water @ 540	360	540	✓	Gray Rock	540	600		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MAIN CASING TYPE</th> <th>Nominal diameter top (main) casing (nearest inch)</th> <th>Total depth of main casing (nearest foot)</th> </tr> <tr> <td><u>PL</u></td> <td><u>6</u></td> <td><u>100</u></td> </tr> </table>		<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	<u>PL</u>	<u>6</u>	<u>100</u>
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NUMBER OF UNSUCCESSFUL WELLS: _____ WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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.		OTHER CASING (if used) diameter inch depth (feet) from to _____ SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> BR BRASS</td> <td><input type="checkbox"/> HO OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																																							
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DRILLERS LIC NO. 1 <u>M 5 D 028</u> <u>Michael J Kohler</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC NO. 1 <u>D</u>		DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td><u>100</u></td> <td><u>600</u></td> </tr> </table>		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	<u>100</u>	<u>600</u>																																																									
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SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) _____		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) _____ W Q _____ TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____																																																													

Timberlake

waiting on completed form from driller 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: _____ Telephone #: _____
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 #: _____
Subdivision: _____ Lot #: _____ Well Tag #: **HO** - ____ - ____
Site Address: _____

Submersible Pump Data

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

Pitless Adapter

Make: _____ +
Model #: _____
GPM Depth: _____ (36" min)
GPM 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

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

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: 4/24/23 Date Insp. Approved: 5/24/23 Inspector: RR / JSF
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 ✓

*5/22/2023
House connection
still backfilled se
5/24/2023
Sewer line
outside of foundation.*

✓ x buried @ time of insp. (A)

(Revised form 10/24/2018)



waiting on completed form from Miller

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 22, 2023

June 22, 2023

Homeowner
14430 Triadelphia Mill Road
Dayton, MD 21036

RE: Gedin Property
14430 Triadelphia Mill Road
Building Permit: B22004134
Well Permit: HO-20-0223

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/30/2023**. Final approval of the well line connection to the dwelling was granted on **5/24/2023**. The well construction was completed on **8/25/2022**. Water samples were collected on **6/7/2023** and **6/12/2023**.

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-20-0223. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

Hank Oswald

Hank Oswald, L.E.H.S.
Well & Septic Program

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

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:

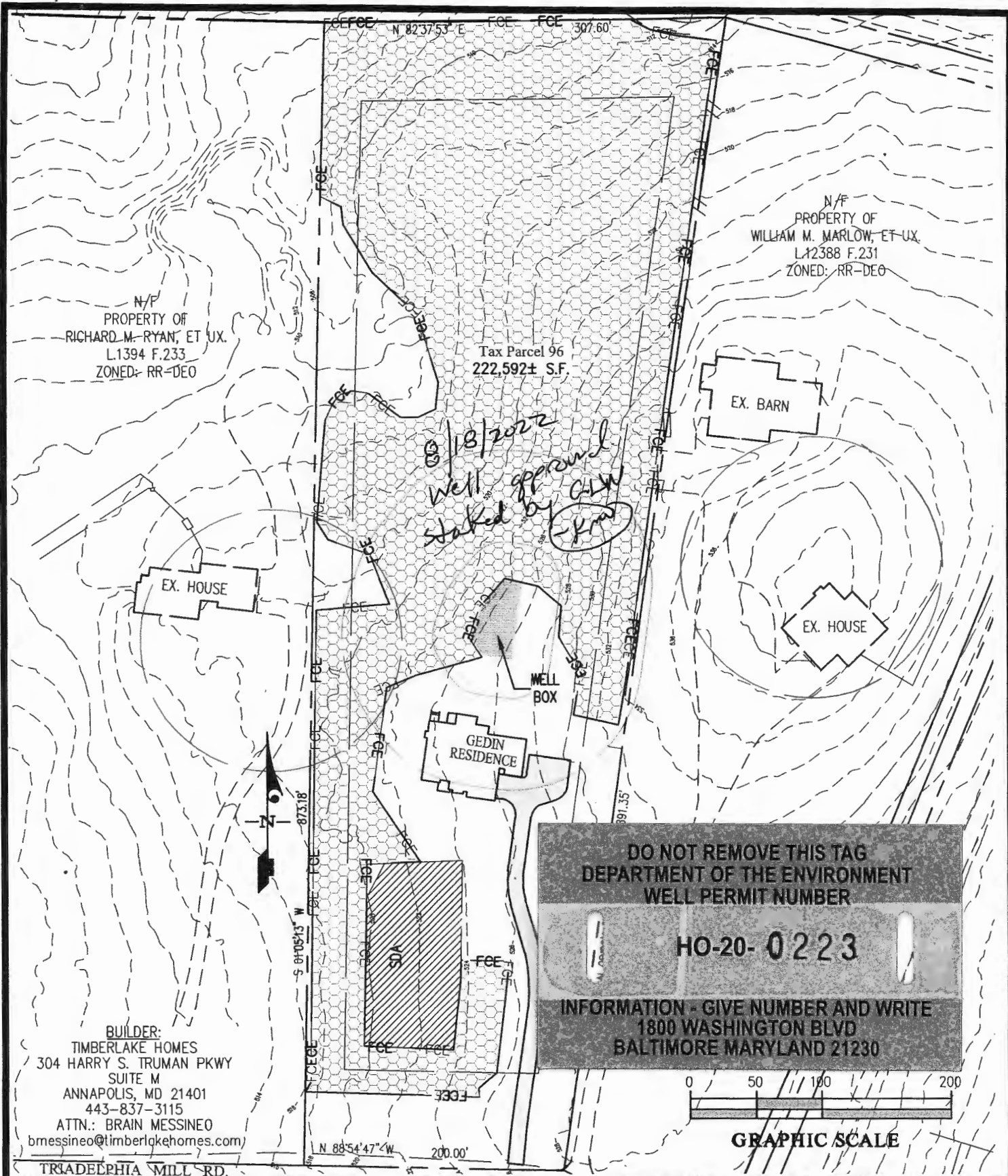
<u>Gedin Property</u>	<u>N/A</u>	<u>14430 Philadelphia Mill</u>
Subdivision/Property Name	Lot #	Road Name

☐ The well site has been staked by Gutschick, Little & Weber, P.A.
(professional land surveyor or company employing professional land surveyors)
on 7/22/22 (date)

☐ 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 9/20/21



N/F
PROPERTY OF
RICHARD M. RYAN, ET UX.
L1394 F.233
ZONED: RR-DEO

N/F
PROPERTY OF
WILLIAM M. MARLOW, ET UX.
L12388 F.231
ZONED: RR-DEO

Tax Parcel 96
222,592± S.F.

EX. HOUSE

EX. BARN

EX. HOUSE

WELL BOX

GEDIN RESIDENCE

BUILDER:
TIMBERLAKE HOMES
304 HARRY S. TRUMAN PKWY
SUITE M
ANNAPOLIS, MD 21401
443-837-3115
ATTN.: BRAIN MESSINEO
bmessineo@timberlakehomes.com

TRIADELPHIA MILL RD.

SITE PLAN for WELL DRILLING

GEDIN PROPERTY
Tax Parcel 0096
14430 Triadelphia Mill Road
L831 F538



3909 NATIONAL DRIVE | SUITE 250 | BURTONSVILLE, MD 20866 | GLWPA.COM
PHONE: 301-421-4024 | BALT: 410-880-1820 | DC&VA: 301-969-2524 | FAX: 301-421-4185

DESIGNED BY:
KLP
DRAWN BY:
KLP
CHECKED BY:

PREPARED FOR :
OWNER:
KORY and TONII GEDIN
1418 MADISON AVE.
BALTIMORE, MD 21217
kory.gedin@hotmail.com
tonii.gedin@gmail.com

G. L. W. No.	21165
ZONING	RR-DEO
TAX MAP/GRID	27-17
DATE	MAY 2022
SCALE	1"=100'
SHEET	1 OF 2

HOME LAND

LABS



240214 Due Date: 06/14/2023
Client: Mid-Atlant

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Please provide completed form with samples. Highlighted fields are required.

Client Name: Mid Atlantic Water Services	Property Address:
Email Address: chrisw@mawaterservices.com	14430 Tridelephia Mill Rd
Phone Number: 410-573-1020	Dayton, MD

Field Collection Information

Collector: Chris Wisor	Field pH: 7.8
Sampler ID #: 2516CW	Field Chlorine (mg/L): 0.0
Sample Date: 6/12	Time Sampled: 8:15 am
Well Tag Number:	Sand: None
	Clarity: Clear
Complete Sample for Potable Water System: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, BWSID #:	

Well Casing and Cap Condition

Well Type: ☐ Drilled ☐ Well Pit ☐ Below Grade ☐ Artesian ☐ Hand Dug ☐ N/A ☐ Other: _____

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point: Boiler Drain		Water Conditioning:	

Requested Testing (Please check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity) | | |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | | |
| <input checked="" type="checkbox"/> Bacteria | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Turbidity | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: <u></u>	Date/Time: <u>6/12 10:52 am</u>
Released By: _____	Date/Time: _____
Received in lab by: <u></u>	Date/Time: <u>6/12/2023 1052am</u>

HOME LAND

LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 06/14/2023

Mid-Atlantic Water Services

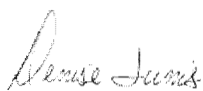
Date and time received: 06/12/2023 10:52

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number:	240214-01	Sample Time: 06/12/2023 08:15	Field Preservation: Ice
Location:	14430 Triadelphia Mill Rd	Field Chlorine: 0.00	Sampler: Chris Wisor 2516CW
	Dayton, MD	Field pH: 7.80	Sample Point: Boiler Drain

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Turbidity	EPA 180.1	1.2	Pass	0.5	NTU	10.0	06/12/2023	A G - 106
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	06/13/2023	L S - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	06/13/2023	L S - 106

Approved By:



Denise Junis, Lab Director

HOME LAND

L A B S

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
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Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 06/09/2023

Mid-Atlantic Water Services

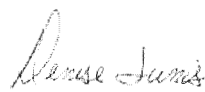
Date and time received: 06/07/2023 12:35

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number:	240012-01	Sample Time: 06/07/2023 07:55	Field Preservation: Ice
Location:	14430 Triadelphia Mill Road Dayton, MD	Field Chlorine: 0.10	Sampler: Chris Wisor - 2516CW
		Field pH: 8.00	Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	06/08/2023	L S - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	06/08/2023	L S - 106
Nitrate + Nitrite as N	EPA 353.2	Not Detected	Pass	0.5	mg/L	10.0	06/08/2023	M K - 365
Nitrite-N	EPA 353.2	Not Detected	Pass	0.1	mg/L	1.0	06/08/2023	M K - 365
Lead, Total	EPA 200.8	0.0025	Pass	0.002	mg/L	0.015	06/08/2023	A D - 365
Iron, Total	H 8008	1.89	High	0.05	mg/L	0.30	06/08/2023	E H - 365
Turbidity	EPA 180.1	22.2	Fail	0.5	NTU	10.0	06/07/2023	M R - 106

Approved By:



Denise Junis, Lab Director

Understanding the Results

This narrative is intended to help the recipient understand the results. The information listed below is for tests commonly sampled or analyzed by Home Land Environmental Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Drinking Water Standards, please visit www.epa.gov. For more information on the services we offer, please visit www.homelandhealthyhomes.com.

Definitions and Acronyms

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered unsafe for human consumption. Secondary MCL (SMCL) is used for Secondary Drinking Water Standards.

Action Level: A measure of the effectiveness of the corrosion control treatment in water systems.

Not Detected (ND): Any level below the reporting limit.

Analyst: Refers to the individual whom conducted the test.

Method: The type of analysis used to determine the results.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered too unsafe for human consumption.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

This table is for informational purposes only. See first page of report for your results.

Parameter	MCL/SMCL	Type	Effects	Source	Common Treatment Options
Total Coliform Bacteria	Present or 1 MPN/100mL	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. Coli Bacteria	Present or 1 MPN/100mL	Primary	Stomach illness	Human and animal fecal waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and sewage	Reverse Osmosis System
Nitrites	1.0 mg/L				
Lead	Action Level of 0.015 mg/L	Primary	Slowed mental development, kidney problems, high blood pressure	Corrosion of household plumbing systems; erosion of natural deposits	Acid Neutralizer, Chemical Feeder (Soda Ash), Pipe Replacement
Radium Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally occurring	Water Softener
Radium 226 & 228	5.0 pCi/L				
Volatile Organic Compounds (VOCs)	Varies	Primary	Increased risk of cancer	Gas and chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, circulatory problems, cancer	Natural deposits, orchards, industrial waste	Reverse Osmosis System
Cadmium	0.005 mg/L	Primary	Kidney damage	Pipes, natural deposits, industrial waste	Reverse Osmosis System, Water Softener
Copper	Action Level of 1.3 mg/L	Primary	Gastrointestinal distress, liver or kidney damage	Corrosion of household plumbing systems, erosion of natural deposits	Acid Neutralizer, Reverse Osmosis System, Pipe Replacement
	1.0 mg/L	Secondary	Metallic taste; blue-green staining		
Turbidity (Public Water Systems)	1.0 NTU	Primary	Water treatment interference, possible bacteria indicator	Varies	Filtration, Source Protection
Turbidity (Private Wells)	10.0 NTU (MD COP Requirement)	Primary	Possible bacteria indicator	Surface water, iron, other	Filtration, Source Protection
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally occurring	Water Softener
Chlorides	250 mg/L	Secondary	Salty taste, plumbing corrosion	Salt water intrusion, road salts	Source Protection, Whole House Reverse Osmosis System
pH	Outside of 6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, corrosion High pH: Slippery feel, soda taste, Deposits	Naturally occurring	Acid Neutralizer

FILE INQUIRY NOTES

[illegible]

HOME LAND

L A B S

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State Certified Water Quality Lab 365

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State Certified Water Quality Lab 106

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State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 06/14/2023

Mid-Atlantic Water Services

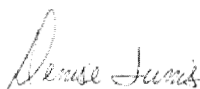
Date and time received: 06/12/2023 10:52

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number:	240214-01	Sample Time: 06/12/2023 08:15	Field Preservation: Ice
Location:	14430 Triadelphia Mill Rd Dayton, MD	Field Chlorine: 0.00	Sampler: Chris Wisor 2516CW
		Field pH: 7.80	Sample Point: Boiler Drain

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Turbidity	EPA 180.1	1.2	Pass	0.5	NTU	10.0	06/12/2023	A G - 106
Bacteria- Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	06/13/2023	L S - 106
Bacteria- E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	06/13/2023	L S - 106

Approved By:



Denise Junis, Lab Director

Understanding the Results

This narrative is intended to help the recipient understand the results. The information listed below is for tests commonly sampled or analyzed by Home Land Environmental Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Drinking Water Standards, please visit www.epa.gov. For more information on the services we offer, please visit www.homelandhealthyhomes.com.

Definitions and Acronyms

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered unsafe for human consumption. Secondary MCL (SMCL) is used for Secondary Drinking Water Standards.

Action Level: A measure of the effectiveness of the corrosion control treatment in water systems.

Not Detected (ND): Any level below the reporting limit.

Analyst: Refers to the individual whom conducted the test.

Method: The type of analysis used to determine the results.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered too unsafe for human consumption.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

This table is for informational purposes only. See first page of report for your results.

Parameter	MCL/SMCL	Type	Effects	Source	Common Treatment Options
Total Coliform Bacteria	Present or 1 MPN/100mL	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. Coli Bacteria	Present or 1 MPN/100mL	Primary	Stomach illness	Human and animal fecal waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and sewage	Reverse Osmosis System
Nitrites	1.0 mg/L				
Lead	Action Level of 0.015 mg/L	Primary	Slowed mental development, kidney problems, high blood pressure	Corrosion of household plumbing systems; erosion of natural deposits	Acid Neutralizer, Chemical Feeder (Soda Ash), Pipe Replacement
Radium Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally occurring	Water Softener
Radium 226 & 228	5.0 pCi/L				
Volatile Organic Compounds (VOCs)	Varies	Primary	Increased risk of cancer	Gas and chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, circulatory problems, cancer	Natural deposits, orchards, industrial waste	Reverse Osmosis System
Cadmium	0.005 mg/L	Primary	Kidney damage	Pipes, natural deposits, industrial waste	Reverse Osmosis System, Water Softener
Copper	Action Level of 1.3 mg/L	Primary	Gastrointestinal distress, liver or kidney damage	Corrosion of household plumbing systems, erosion of natural deposits	Acid Neutralizer, Reverse Osmosis System, Pipe Replacement
	1.0 mg/L	Secondary	Metallic taste; blue-green staining		
Turbidity (Public Water Systems)	1.0 NTU	Primary	Water treatment interference, possible bacteria indicator	Varies	Filtration, Source Protection
Turbidity (Private Wells)	10.0 NTU (MD COP Requirement)	Primary	Possible bacteria indicator	Surface water, iron, other	Filtration, Source Protection
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally occurring	Water Softener
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