

C 1 6230

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

13 A514220

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
10 10 06

Depth of Well

22 400 26
(TO NEAREST FOOT)11/14/06
O.K. BBPERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-95-0436

OWNER

STREET OR RFD

SUBDIVISION

Fyock
Wye River Drive
Castleberry at Ten Oaks

first name

TOWN

Dayton

SECTION

LOT

8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearingSand 0 62
Gray Mica 62 400
Rock

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 23 NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

BL 6 66

63 64 66 70

63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from to

CASING

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

C 2 DEPTH (nearest ft.)

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

EACH CASING diameter depth (feet)
inch from to

CASING

CASING

CASING

CASING

CASING

CASING

CASING

CASING

CASING

CASING

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CASING

CASING

CASING

CASING

CASING

CASING

CASING

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

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
WELLI 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.

DRILLERS LIC. NO. 1 M S D O 2 K 1

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

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

PUMPING TEST

HOURS PUMPED (nearest hour)

6
8 9

PUMPING RATE (gal. per min.)

11 15
1.5METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

15 ft.

WHEN PUMPING

318 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP
(CIRCLE) (YES or NO)

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)+ above } LAND SURFACE
48
- below } (nearest foot)
49 50 51 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)Wye River Dr.
15 ft
well

EMERGENCY/TEMP NO. IF ANY

B 1	8408	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525121 please type	STATE PERMIT NUMBER H0-95-0436 fill in this form completely
-----	------	--------------------------------	---------------------------------------------------------------------------------	-------------------------------------------------------------------

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Castleberry at ten oak's LLC
15 Last Name Owner First Name 34
3675 Park Ave Suite 301
36 Street or RFD 55
Ellicott City MD 21043
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard
8 COUNTY 21
Castleberry at ten oak's
23 SUBDIVISION 42
SECTION 44 46 LOT 8 48 50
Glenelg
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M S D 117
Driller's Name 76 License No. 81
Ralph E. Mayne INC
Firm Name
17024 Hardy Rd. Mt. Airy, MD 21771
Address
Signature Date 5/6/06

WELL INFORMATION

B 2 APPROX. PUMPING RATE
1 2 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 500 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
☐ GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard 13 A514220
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 519 000 EAST GRID 804 000
50 55 57 63

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
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NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 A514220
COUNTY NAME COUNTY NO.
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DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 519 000 EAST GRID 804 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520804
N 810519

000
000

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

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
39 ☐ 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 DEEPEEN 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 H02003G001
PERMIT No. H0-95-0436
70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Wye River Rd
Ten Oaks Rd
Charles Light

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
39 ☐ 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 DEEPEEN 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 H02003G001
PERMIT No. H0-95-0436
70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0436
Location of property (road) Wye River Drive
Subdivision Castleberry at Ten Oaks Lot 8 Block Plat Sec.
Well Driller Ralph Mayne Owner Fyock

Depth of well 400'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown

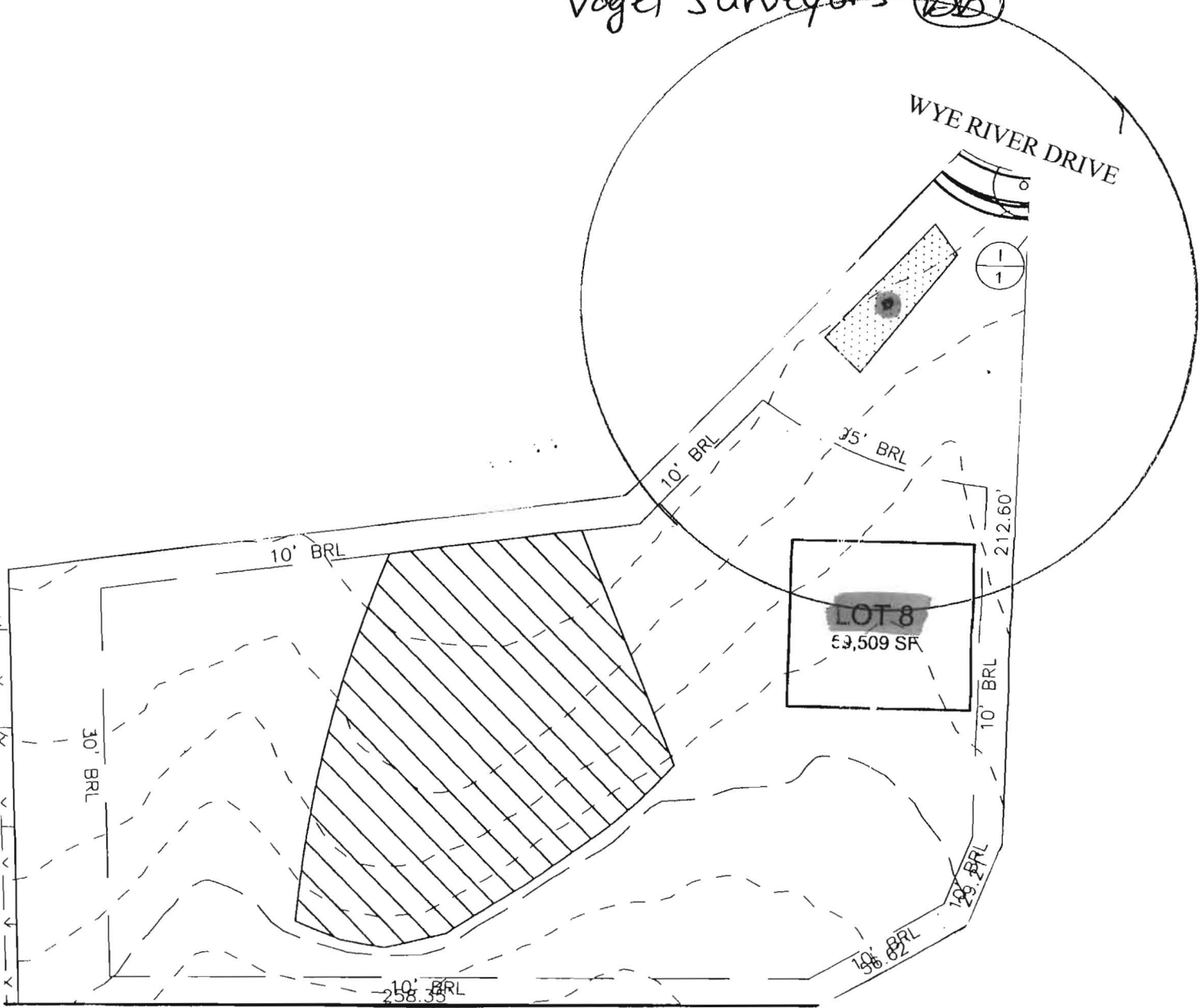
Time pump started 7:30 Pumping rate 20 gpm
Total time 45 min to reach pumping water level 318 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	137	3 sec		20 gpm
8:00	241	4		15
8:15	318	5		12
8:30	318	40		11.5
8:45	318	40		11.5
9:00	218	40		11.5
9:15	318	40		11.5
9:30	318	40		11.5
9:45	318	40		11.5
10:00	318	40		11.5
10:15	318	40		11.5
10:30	318	40		11.5
10:45	318	40		11.5
11:00	318	40		11.5
11:15	318	40		11.5
11:30	318	40		11.5
11:45	318	40		11.5
12:00	318	40		11.5
12:15	318	40		11.5
12:30	318	40		11.5
12:45	318	40		11.5
1:00	318	40		11.5
1:15	318	40		11.5
1:30	318	40		11.5
HD-224 1:45	318	40		11.5
2:00	318	40		11.5
2:15	318	40		11.5

CASTLEBERRY AT TEN OAKS

7/15/06
Well Site to Be Staked By
Vogel Surveyors (BB)



WELL LOCATION SURVEY

SCALE 1" = 50

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

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: Do-It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9955 Old Mill Rd
E.L. Md 21042

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

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

Name (Print): Duane C. Brant License# 21899

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: TBF Telephone #: 410-480-0023
Subdivision: Castleberry @ Tan Oaks Lot #: 8 Well Tag #: HO-95-0436
Site Address: 13717 Wye River Dr
Dayton Md

Submersible Pump Data

Make: Myers

Model #: 24TS2-12 Plus P4-2

Pump Capacity 12 GPM

Well Yield: 1.5 GPM

Depth of well encountered at time of pump installation: 42 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Pitless Adapter

Make: American Granby

Model#: PT800

Depth: yes (36" min)

NSF 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

Piping to house

Type: Plastic - one inch

PSI: yes (160 psi min)

Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 10 Ft

Sleeve caulked and 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.

Duane C. Brant
Signature of company representative responsible for installation

1-29-13
date

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

Date Insp. Requested: _____ Date Insp. Approved: _____

Inspection Data: Pitless adapter and 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 installed inside of well 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 _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 8 Well Tag #: HO-75-0436
Site Address: 13717 Wye River Dr.

Submersible Pump Data

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

Pitless Adapter

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

Well Cap and Electric Conduit

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

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

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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 _____

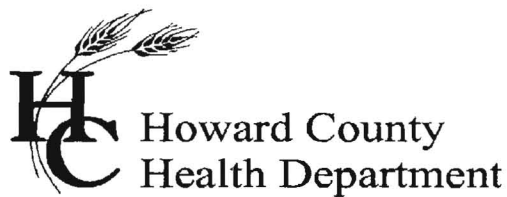
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/3/2012 BB
Inspection Data: Pitless adapter and 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 installed inside of well 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 ☒

HD-215 (Rev. 8/00)

*Well casing extended, 2/5/13
to -11.5' above final grade
well cap secure, 2/6/13*

MB



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 7, 2013

February 7, 2013

Homeowner
13717 Wye River Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks
13717 Wye River Drive
Building Permit: B12001289
Well Permit: HO-95-0436**

Dear Homeowner:

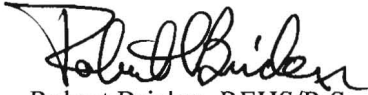
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/19/2012**. Final approval of the well line connection to the dwelling was granted on **8/3/2012**. The well construction was completed on **10/10/2006**. Water samples were collected on **1/22/2013 and 1/29/2013**.

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-95-0436. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large, stylized initial "R".

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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

**TRACE LABORATORIES, INC**

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**Trinity Homes/TBI Homes
3675 Park Avenue, Suite 301
Ellicott City, Maryland 21043**S/O Number:** 88017**Report Date:** January 30, 2013**Retest #1****Property Sampled:** 13717 Wye River Drive, 21036
Sample Location: Kitchen Tap ✓
Residual Chlorine: <0.1 mg/L ✓**Building Permit #:** B12001289
Sampler ID #: 7483AM
Samples Iced: Yes**County:** Howard
Map: 22**Subdivision:** Castleberry at Ten Oaks
Parcel: 90**Lot #:** 8**Date/Time Collected in Field:** January 29, 2013 @ 12:38 pm**Date/Time Received in Lab:** January 29, 2013 @ 1:27 pm**Well Tag #:** HO-95-0436**Well Condition:** 2-Piece Cap, All Bolts Loose, Cap Unsecure**Water Treatment/Conditioning:** Sediment Filter ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Turbidity	EPA 180.1	10 NTU	6.0 NTU ✓	Pass
Iron	HACH 8008	*0.3 mg/L	0.25 mg/L ✓	***

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

OK RUB 2/1/2013

Katherine C. Higgs

Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue, Suite 301
Ellicott City, Maryland 21043

S/O Number: 87942

Report Date: January 23, 2013

Property Sampled: 13717 Wye River Drive, 21036
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12001289
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90 Lot #: 8

Date/Time Collected in Field: January 22, 2013 @ 12:49 pm

Date/Time Received in Lab: January 22, 2013 @ 1:48 pm

Well Tag #: HO-95-0436

Well Condition: 2-Piece Cap, All Bolts Loose, Cap Unsecure ✗

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	49 NTU	HIGH
pH	EPA 150.1	*6.5-8.5 Units	6.0 Units ✓	***
Sand		Absent	Absent ✓	Pass
Iron	HACH 8008	*0.3 mg/L	2.64 mg/L	***HIGH

Note: The high turbidity in this water sample is most likely caused by the elevated iron level.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Turbidity Fails
- iron also Fails
Other parameters OK
REV 1/23/13*

Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

replace whole area or extend casing and tighten caps!

8 1/2" $\sqrt{\pi}$ 6" 1 1/2"



Bricker, Robert

From: Bricker, Robert
Sent: Monday, January 28, 2013 1:35 PM
To: 'Tim Keane'
Subject: Castleberry at Ten Oaks-Lot 8

Tim,

Concerning 13717 Wye River Drive, the water sample submitted for ICOP has high iron content and high turbidity. The indication is that an iron removal device must be installed. After installation, a resample and analyses of Turbidity and iron must be completed.

Also, the well cap must be tightened as soon as possible.

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL SANITARIAN
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
7178 COLUMBIA GATEWAY DRIVE
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