

C1 0300

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 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 25 06

Depth of Well 22 440 26 11/22/06 (TO NEAREST FOOT) O.K. AB

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0471 28 29 30 31 32 33 34 35 36 37

OWNER Frock/Warfield last name first name STREET OR RD Candlelight Drive TOWN Dayton SUBDIVISION Castleberry at Ten Oaks SECTION LOT 43

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0 67, Gray Mica Rock 67 440.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y 44 NO N 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 21 NO. OF POUNDS 1914 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD

main casing TYPE Ph Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 70

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole insert appropriate code below. Includes boxes for ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.)

Table for depth with columns: 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. Includes handwritten entry: 69 440.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

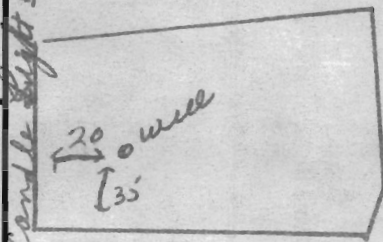
HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 ft. WHEN PUMPING 359 ft. TYPE OF PUMP USED (for test) S submersible

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 - below (nearest foot)

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)



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. MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 8443

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0471

525121 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Castleberry at Ten Oaks LLC
3675 Park Ave, Suite 301
Ellicott City MD 21043

B 3

LOCATION OF WELL

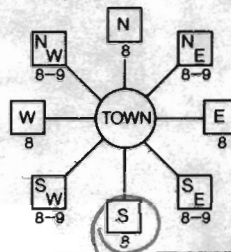
Howard
Castleberry at Ten Oaks
Glenelg
1 mile from town

DRILLER INFORMATION

Ralph E. Mayne M SD 117
Ralph E. Mayne INC
17024 Hardy Rd. Mt. Airy, MD. 21771
5/6/06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Candle Light Dr.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

30 37
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: 22 BK 19-20 PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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) A574220
COUNTY NAME COUNTY NO.

Brian Baker 7/15/2007
DATE ISSUED CO SIGNATURE EXP. DATE
519 000 804 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H02003G001
PERMIT No. H0-95-0471

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

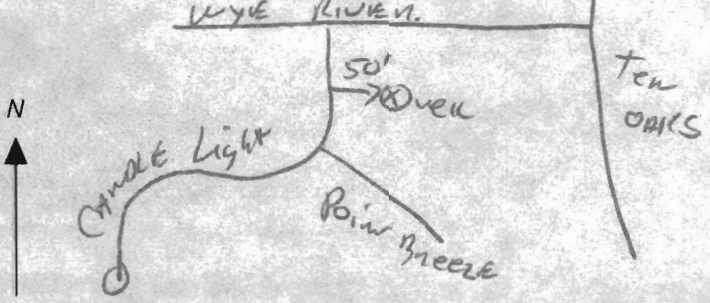
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

520 804
810 519

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



SPECIAL CONDITIONS

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

70' casing  
 21 bags  
 65 open

Well Permit No. HO - 95-0471  
 Location of property (road) Candlelight Drive  
 Subdivision Castleberry at Ten Oaks Lot 43 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne <sup>Joseph Mayne</sup> Owner Fyock/Warfield  
 Depth of well 440'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.  
 Total time 45 min. to reach pumping water level 359 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00 am.	37		N/A	
7:15	142	4 sec.		15 gpm.
7:30	278	4		15
7:45	359	5		12
8:00	356	24		2.5
8:15	356	24		2.5
8:30	356	24		2.5
8:45	356	24		2.5
9:00	355	24		2.5
9:15	355	24		2.5
9:30	355	24		2.5
9:45	355	24		2.5
10:00	354	24		2.5
10:15	354	24		2.5
10:30	354	24		2.5
10:45	353	24		2.5
11:00	353	24		2.5
11:15	353	24		2.5
11:30	352	24		2.5
11:45	352	24		2.5
12:00	352	24		2.5
12:15	352	24		2.5
12:30	351	24		2.5
12:45	351	24		2.5

over →

1:00	351	24 sec.
1:15	351	24
1:30	351	24
1:45	351	24

2.5 gpm  
2.5  
2.5  
2.5

RECEIVED  
HOWARD COUNTY HEALTH DEPT  
ENVIRONMENTAL HEALTH  
2006 NO 16 PM 3:49



**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 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 #: 43 Well Tag #: HO 95-0471  
Site Address: 4011 Candlelight Dr.

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: \_\_\_\_\_ Date Insp. Approved: 6/17/2013 Inspector: (RB)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

**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: Doft Plumbing, Heating & Cooling LLC Telephone #: 240882-0069  
Address: 9955 Old Mill Rd.  
Ellicott City 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 Gilbert 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: TBZ Telephone #: 410-480-0023  
Subdivision: Castleberry @ Ten Oaks Lot #: 43 Well Tag #: HO-95-0471  
Site Address: 4011 Candlelight Dr.  
Dayton Md.

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Mylers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>ZST52-12Plus-P4-2</u>	Model#: <u>LFL20</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>Yes</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>2</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>440</u> (feet)		Conduit secured to well cap: <u>Yes</u>

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

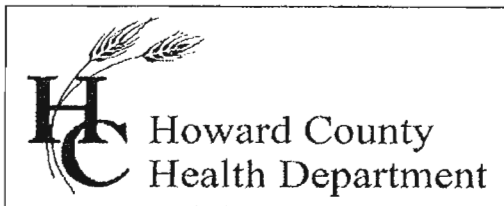
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>plastic black</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>Yes</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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: Sept 20, 2013

**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 \_\_\_\_\_



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 – April 24, 2014

October 24, 2013

Homeowner  
4011 Candle Light Drive  
Dayton, Maryland 21036

**RE: Castleberry @ Ten Oaks, Lot #43**  
**4011 Candle Light Drive**  
**Building Permit: B12002351**  
**Well Permit: HO-95-0692**

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 9/10/2012. Final approval of the well line connection to the dwelling was granted on 7/1/2013. The well construction was completed on 6/11/2007. Water samples were collected on 10/10/2013.

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.

Gross Alpha and Beta samples were also collected on 6/11/2007. Results showed a Gross Alpha level of  $5.0 \pm 1.0$  pCi/L and Gross Beta level of  $5.0 \pm 2.0$  pCi/L. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0692. 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 certified water quality 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,



Dana Bernard, REHS/RS  
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:** 90884

**Report Date:** October 23, 2013

**Retest #2**

**Property Sampled:** 4011 Candle Light Drive, 21036 ✓  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12002351  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90

**Lot #:** 43

**Date/Time Collected in Field:** October 22, 2013 @ 1:56 pm ✓  
**Date/Time Received in Lab:** October 22, 2013 @ 4:05 pm

**Well Tag #:** HO-95-0471  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample

*OK  
 DB/10-24-13*

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform ✓	SM 9223B	Absent	Absent	Pass ✓
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass

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.

*Katherine C. Higgs*  
 \_\_\_\_\_  
 Katherine C. Higgs  
 Manager – Drinking Water Testing



**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:** 90740

**Report Date:** October 10, 2013

*Retest #1*

**Property Sampled:** 4011 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002351  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90

**Lot #:** 43

**Date/Time Collected in Field:** October 9, 2013 @ 12:06 pm  
**Date/Time Received in Lab:** October 9, 2013 @ 1:25 pm

**Well Tag #:** HO-95-0471  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample

*NOT OK  
 10-24-13  
 GB*

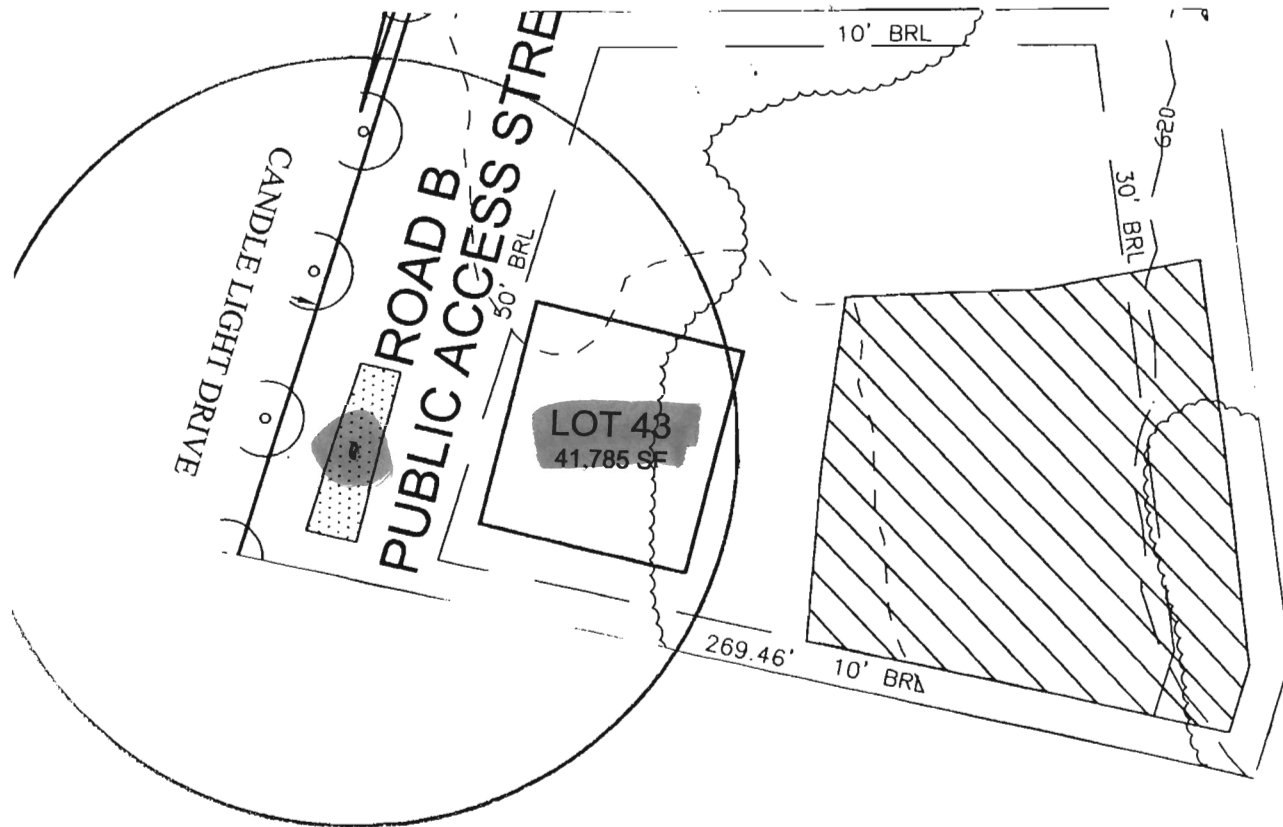
PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass

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.

*Katherine C. Higgs*  
 \_\_\_\_\_  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

CASTLEBERRY AT TEN OAKS

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



WELL LOCATION SURVEY

SCALE 1" = 50





**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:**

**S/O Number:** 90675

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

**Report Date:** October 4, 2013

**Property Sampled:** 4011 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12002351  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90

**Lot #:** 43

**Date/Time Collected in Field:** October 3, 2013 @ 2:15 pm  
**Date/Time Received in Lab:** October 3, 2013 @ 4:02 pm

**Well Tag #:** HO-95-0471 ✓  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	3.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.8 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.1 Units	***
Sand		Absent	Absent	Pass

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.

*coliform bact. FAIL*  
*other analyses 'OK' MB*  
*10/4/13*

*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.