

C13588

SEQUENCE NO.
(DENV USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

123
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

813

1520

2226
(TO NEAREST FOOT)

28293031323334353637

OWNER HILL HUGH JR.

STREET OR RFD TWELVE HILLS ROAD

SUBDIVISION TWELVE HILLS

SECTION —

TOWN DAYTON

LOT 24

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

TOP Soil 0 2

red clx 2 5

sand silt 5 22

clay 22 64

Sand Stone 64 75

Mica 75 77

Sand Stone 77 400

Mica

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 16

NO. OF POUNDS 1600

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 48 ft.

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO

STEEL CONCRETE

PL OT

PLASTIC OTHER

MAIN CASING TYPE ST

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 70

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

ST BR HO

STEEL BRASS OPEN HOLE

PL PL OT

PLASTIC OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Buchot

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26

WHEN PUMPING 167

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other (describe below)

J jet

S submersible

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

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 IDENT. NO. 40

DRILLERS SIGNATURE

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

C2

DEPTH (nearest ft.)

EACH SCREEN

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

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)

Side line 40' well

Twelve Hills RD.

B 1 1436 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(DP USE ONLY)</small>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> H0-94-0394 <small>fill in this form completely</small> </div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 022395 </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div> <small>8 COUNTY</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> TWELVE HILLS </div> <small>23 SUBDIVISION</small> <div style="display: flex; justify-content: space-between;"> <div> SECTION 44 46 </div> <div> LOT 24 </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> DAYTON </div> <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 1 MI	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HILL HUGH JR </div> <small>15 Last Name</small> <small>Owner</small> <small>First Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12994 LINDEN CHURCH </div> <small>36</small> <small>Street or RFD</small> <small>55</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CLARKSVILLE MD 21029 </div> <small>57</small> <small>Town</small> <small>70 State 72</small> <small>Zip</small> <small>76</small>		DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> George Easterday </div> <small>Driller's Name</small> <small>MSD/MGD/MWD</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> L.F. Easterday Inc </div> <small>Firm Name</small> <small>77 License No. 80</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Mt. Airy Md 21771 </div> <small>Address</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> George F. Easterday </div> <small>Signature</small> <small>Date</small> 2-11-95	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8</small> <small>12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14</small> <small>20</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Twelve Hills Rd </div> <small>11</small> <small>NEAR WHAT ROAD</small> <small>30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST </div> <div> <input type="checkbox"/> WEST <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> NORTH </div> </div> DISTANCE FROM ROAD 400 <small>34</small> <small>37</small> ENTER FT OR MI FT <small>38</small> <small>39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30</small> <small>37</small> <small>AIR-ROTARY</small> <small>AIR-PERCussion</small> <small>ROTARY (Hydraulic Rotary)</small> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div> <small>COUNTY NAME</small> A#38587 <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S <input type="checkbox"/> <small>DATE ISSUED</small> 031395 Charles Ryan Shreeley 3/13/96 <small>43</small> <small>48 CO SIGNATURE</small> <small>EXP. DATE</small> NORTH GRID 509000 EAST GRID 0809000 <small>50</small> <small>55</small> <small>57</small> <small>63</small>	
APPROXIMATE DEPTH OF WELL 200 FEET. <small>24</small> <small>28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; justify-content: space-around;"> <div> 800 1 <small>E</small> </div> <div> 500 1 <small>N</small> </div> </div>	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER GAP <small>54</small> <small>63</small> FORCE C V <small>WRITE INITIALS IN BOX</small> <small>PERMIT No.</small> H0-94-0394 <small>67</small> <small>68</small> <small>70</small> <small>71</small> <small>72</small> <small>73</small> <small>74</small> <small>75</small> <small>76</small> <small>77</small> <small>78</small> <small>79</small>			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

43-95

Fractal

Review

OK 4/21/95 MCS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0394
Location of property (road) TWELVE HILLS ROAD
Subdivision TWELVE HILLS Lot 24 Block _____ Plat _____ Sec. _____
Well Driller G.F. EASTERDAY Owner HUGH HILL, JR.

Depth of well 400 2 GPM
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 26 - 1'

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 12 GPM.
Total time 45 MIN. to reach pumping water level 165 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)
9:30	165	20 SEC.	Pump Setting 380	3 GPM.
9:45	165	20 "	See Hand	3 "
10:00	165	20 "		3 "
10:15	165	20 "		3 "
10:30	165	20 "		3 "
10:45	165	20 "		3 "
11:00	165	20 "		3 "
11:15	166	20 "		3 "
11:30	166	20 "		3 "
11:45	166	20 "		3 "
12:00	166	20 "		3 "
12:15	166	20 "		3 "
12:30	167	20 "		3 "
12:45	167	20 "		3 "
1:00	167	20 "		3 "
1:15	167	20 "		3 "
1:30	167	20 "		3 "
1:45	167	20 "		3 "
2:00	167	20 "		3 "
2:15	167	20 "		3 "
2:30	167	20 "		3 "
2:45	167	20 "		3 "
3:00	167	20 "		3 "
3:15	167	20 "		3 "
HD-224 3:30	167	20 "		3 "

**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: NEW DIMENSIONS Telephone #: 410 239 4359
Address: 3013 Bachman Rd.
Maryland, MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): CLARENCE BLAKE License# 15443

*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: BRADYS Telephone #: _____
Subdivision: 12 HILLS Lot #: _____ Well Tag #: HO - _____
Site Address: 13501 Twelve Hills

Submersible Pump Data

Make: FTW
Model #: 3/4 2WIR
Pump Capacity 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: CAMARILL
Model #: 1"
Depth: 42" (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: 400 (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 NA

Piping to house

Type: 1" PLASTIC IPS
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓ 425
Approximate length of sleeve: 10 ft
Sleeve caulked and sealed properly: FRANCO

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.

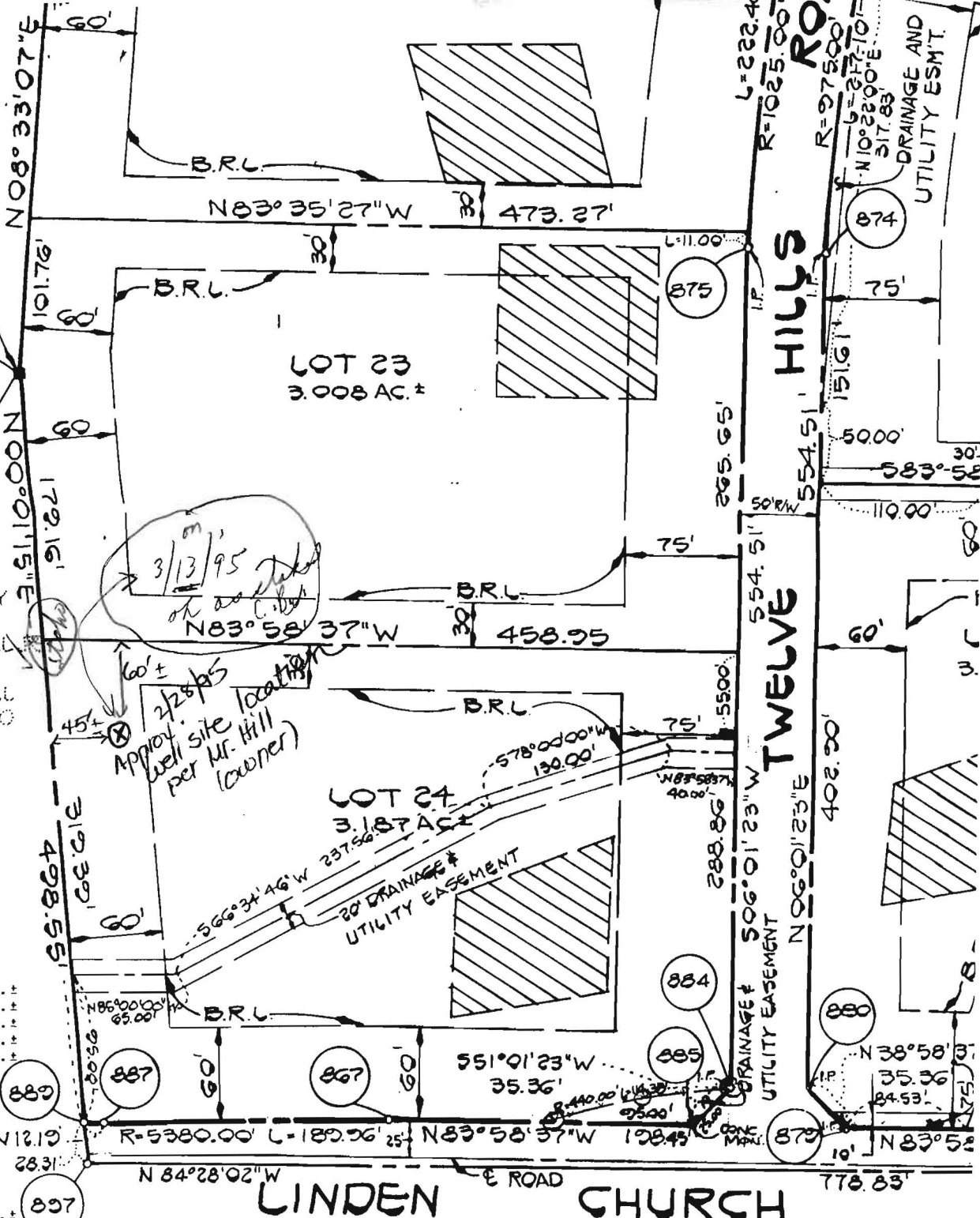
C. M. B. R.
Signature of company representative responsible for installation

9/29/05
date

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

Date Insp. Requested: 9/30/05 Date Insp. Approved: 10/25/05 (GAC)
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 ✓

852.86
573.21
473.76
276.41
087.18
075.02
075.20
180.73
850.21



LIBER-1772 Folio 384

LAND DEDICATION
COUNTY FOR THE
A PUBLIC ROAD

OWNER'S CERTIFICATE:

WE, ALTOGETHER LIMITED PARTNERSHIP, A MARYLAND LIMITED P
OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT
OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THE F1
THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM
RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS
AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SE
DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERV
UNDER ALL ROAD OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EAS
SHOWN HEREON, (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC U
OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN S
APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, H
THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMP
THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STO
FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT
DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECI
OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT

SEWERAGE
DATE
11-25-87
ING AND
DATE
12.10.87
AND PUBLIC

Twelve Hills

A 38587

SUBDIVISION: ~~ALTOGETHER~~

LOT NUMBER: 24 SEC 2

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
④ bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 5 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

2 feet of stone below distribution pipe.

150' 4x 150
3 1.62

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: 1/27/88 - PLACE THE DISTRIBUTION BOX

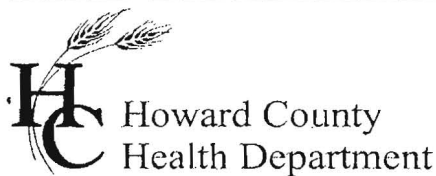
60 FT FROM THE LOT LINE ALONG LINDEN CHURCH RD
AND 190 FT FROM THE LOT LINE ALONG ROAD A Twelve Hills Road.
RUN THE TRENCHES TOWARD ROAD A Twelve
Hills along contour.

3/13/95
DKS
CBO

3/1/95 DKS

HD-191

Prelim Copy same as Final Copy I understand (RH)



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

November 21, 2005

Patapsco Homes
13898 Forsythe Road
Sykesville, MD 21784

SENT VIA FACSIMILE 410-489-0319

RE: Twelve Hills, Lot 24
13001 Twelve Hills Drive
Clarksville, MD 21029
BP #: B00150426
Well Permit # HO-94-0394

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 11/01/2005. Final approval of the well line connection to the dwelling was approved on 10/25/2005.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

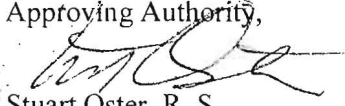
INTERIM CERTIFICATE OF POTABILITY

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-94-0394. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/31/2005, 11/09/2005 & 11/18/2005
Date of Well Completion: 4/04/1995

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Nov 21, 2005

County Howard

Lab Number 06-1200

Sample iced Yes

Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Patapsco Homes
Attn: Jennie
13898 Forsyth Road
Sykesville, Maryland 21784

Property Sampled: U&O: 13001 Twelve Hills Drive, Retest #2

Station Sampled: Powder Room Tap

Tax Map #: 28

Date/Time Sampled: Nov 18, 2005 1:15 pm

Parcel #: 381

Owner, Telephone No.: Brade

Sampler: 67246P

Subdivision Name: Twelve Hills

Lot Number: 24

Building Permit No.: B00150426

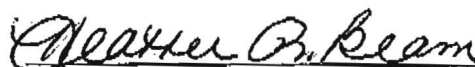
Well Number: HQ-94-0394

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE
(18 Hour Test)				

AMENDED REPORT

Treatment/Conditioning: NONE



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Nov 10, 2005

County Howard

Lab Number 06-1004

Sample iced Yes

Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Patapsco Homes
Attn: Jennie
13898 Forsyth Road
Sykesville, Maryland 21784

Property Sampled: U&O: 13001 Twelve Hills Drive, Retest #1

Station Sampled: Powder Room Tap

Tax Map #: 28

Date/Time Sampled: Nov 9, 2005 11:15 am

Parcel #: 381

Owner, Telephone No.: Brade

Sampler: 6724GP

Subdivision Name: Twelve Hills

Lot Number: 24

Building Permit No.: B00150426

Well Number: HQ-94-0394

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			
(18 Hour Test)				

Treatment/Conditioning: NONE

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Nov 1, 2005

County Howard

Lab Number 06-877

Sample iced Yes

Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Patapsco Homes
Attn: Jennie
13898 Forsyth Road
Sykesville, Maryland 21784

Property Sampled: U&O: 13001 Twelve Hills Drive

Station Sampled: Powder Room Tap

Date/Time Sampled: Oct 31, 2005 12:45 pm

Owner, Telephone No.: Brade

Subdivision Name: Twelve Hills

Building Permit No.: B00150426

Well Number: HQ-94-0394

Tax Map #: 28

Parcel #: 381

Sampler: 6724GP

Lot Number: 24

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	3.0 NTU	EPA 180.1	*10 NTU	Pass
pH	6.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			

Treatment/Conditioning: NONE

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



Sharon K. Cassell

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level