

C1 21098		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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 20 13		DATE WELL COMPLETED MM DD YY 10 3 13		Depth of Well 22 700 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2361 28 29 30 31 32 33 34 35 36 37	
OWNER WELL SITE ADDRESS SUBDIVISION		Vixens PATH 2 LLC 11637 Vixens PATH		TOWN Ellizott City		LOT	
WELL LOG Not required for driven wells		GRROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 NO. OF POUNDS 45 46 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C3 PUMPING TEST HOURS PUMPED (nearest hour) 1 PUMPING RATE (gal. per min.) 7.0 METHOD USED TO MEASURE PUMPING RATE timer WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 698 25 ft. TYPE OF PUMP USED (for test) A at P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) 49 above LAND SURFACE (nearest foot) below 50 51	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		C2 DEPTH (nearest ft.) 1 H0 175 700 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		LATITUDE 39.242074 LONGITUDE 76.911315 (DEFAULT COORD. WGS 84) NOTES: Vixens PATH 50' 37'	
DESCRIPTION (Use additional sheets if needed) DEEPEINED existing well hard gray rock 175 337 med. hard gray rock 337 339 hard gray rock 339 348 hard gray rock w/ quartz 348 456 med hard gray rock 456 457 hard gray rock w/ quartz 457 700		NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes Y no N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. 1 MW D 304 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 FWD 910 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	

C 1 21098		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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 20 13		DATE WELL COMPLETED MM DD YY 10 3 13		Depth of Well 22 700 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 2361 28 29 30 31 32 33 34 35 36 37	
OWNER WELL SITE ADDRESS SUBDIVISION		Vixens PATH 2 LLC 11637 Vixens PATH SECTION		TOWN Ellicott City 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 (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 NO. OF POUNDS 45 46 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 1 8 9 PUMPING RATE (gal. per min.) 7.0 11 15 METHOD USED TO MEASURE PUMPING RATE timer WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other 27 27 27 J jet S submersible 27 27			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 60 61 63 64 66 70 OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			
Deepened existing well hard gray rock 175 337 med. hard gray rock 337 339 hard gray rock 339 348 hard gray rock w/ quartz 348 456 med hard gray rock 456 457 hard gray rock w/ quartz 457 700				SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER C 2 1 2 DEPTH (nearest ft.) 1 H0 175 700 EACH CASING 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETE FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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 } 1 (nearest foot) 49 50 51			
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. 1 MWD 304 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 FWD 910 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		NOTES: Vixens PATH 50' 39'			

C1 21098

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 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
11 20 13

DATE WELL COMPLETED

MM DD YY
10 3 13

Depth of Well

22 700 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 - 94 - 2361
28 29 30 31 32 33 34 35 36 37OWNER Vixens PATH 1 LLC
WELL SITE ADDRESS 11637 Vixens PATH TOWN Ellicott City
SUBDIVISION _____ SECTION _____ LOT _____

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 TOcheck
if water
bearing

Deepened
existing
well

hard gray rock 175 337

med. hard gray rock 337 339

hard gray rock 339 348

hard gray rock w/ quartz 348 456

med. hard gray rock 456 457

hard gray rock w/ quartz 457 700

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 45 NO. OF POUNDS 45

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58
(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)E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole(insert
appropriate
code
below)

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PLASTIC

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

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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: Maryland Water Control Telephone #: 410-792-0327
Address: 10983 E. Guilford Rd
Annapolis Junction, MD 20701

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

Name (Print): Ted Geppert License# 64990

*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: Nick Chaffarian Telephone #: 443-542-1260
Subdivision: The Chase Lot #: _____ Well Tag #: HO-94-2361 (Irrigation)
Site Address: 11637 Vixen Path
Ellicott City, MD 21042

Submersible Pump Data

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

Pitless Adapter

Make: Martinson
Model#: B-10XLF
Depth: 40" (36" min)
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
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 inside of well casing

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 36-40 (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: Ted Geppert

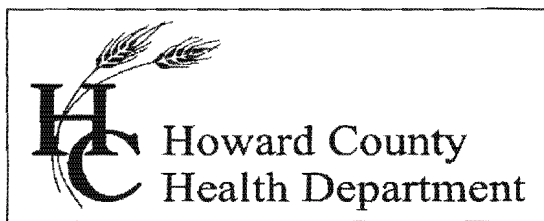
date: 8-26-13

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

Date Insp. Requested: _____ Date Insp. Approved: 12/23/14 Inspector: BB
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 ✓

Need New Cap
Not Finished (BB)
8/20/13 5/30/14
Not started yet.
(KW)
8/28/2013
House connection O.K.
(BB)

12/23/2014 Fixed (BB)
Everything



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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 – June 21, 2015

January 21, 2015

Homeowner

11637 Vixen Path

Ellicott City, Maryland 20701

RE: The Chase II, Lot #4
11637 Vixen Path
Building Permit: B13001459
Well Permit: HO-94-2361

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 **2/28/14**. Final approval of the well line connection to the dwelling was granted on **12/23/2014**. The well construction was completed on **10/03/2013**. Water samples were collected on **1/5/2015**.

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 **12/17/2014**. Results showed a Gross Alpha level of **2.7 ± 1.4 pCi/L** and **Gross Beta** level of **7.6 ± 2.2 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-94-2361. 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,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 1/5/2015
Date Reported 1/8/2015

Sample No: 124415-01

Sampled: 1/5/2015 9:25:00

Sampler: TGeppert1650TG (Exp. 03-01-17)

Location: 11637 Vixens Path
Ellicott City, MD 21042

Preservation: Ice

Sample Point: Well Tank Manifold Drain Valve

Did Not Pass DB 1-21-15

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Present/Fail		Per/100ml	1	01/05/2015	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	01/05/2015	CT-106
Iron	HACH 8008	0.06		mg/l	0.05	01/08/2015	RM-139
Turbidity	EPA 180.1	3		NTU	0.5	01/08/2015	RM-139
Nitrate + Nitrite as N	EPA 353.2	1.2		mg/l	1.1	01/07/2015	DB-139
pH	Field	5.8	X	pH Units	1	01/05/2015	-

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

- X This result DOES NOT meet EPA Drinking Water Standards. EPA has Primary Standards (health related, enforceable) and Secondary Standards (non-health related, non-enforceable). Please refer to page two of this report, "case narrative", to see if your result is Primary or Secondary. You can also read the narrative on our website under "Forms" at www.mywatertesting.com. We can only discuss these results with the person or Company that this report is address to.

Approved By

Daniel J. Brumsted, Laboratory Director

Note: Well Chlorinated.

Bacteria Re-Tested and passed 1-12-2015 ←

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

124415

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 410-224-4307

WALDORF

410-224-4304

FAX 301-932-7347

Company Name, Address Phone & Fax

Water Doctor
10983-E Guilford Road
Annapolis Junction, MD 20701

410-792-0327
Fax 410-792-0762

Testing Address

11637 Vixens Path
STREET
ELlicott + City, MD 21042
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service ☒ Email _____

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 11/5/15 Time 9:25am Well Tag #: _____

Collectors Name: Ted Geppert Certification # 1165DTG Expires 3/17

Collectors Signature: Ted Geppert Circle One PRIVATE WELL or CITY WATER

pH: 5.8 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Well tank manifold Chemicals: 11 11 Lead: _____
Drain Valve

Bacteriological Test _____ Next Day 11:30 _____ Next Day 3:30 ☒ 2 Day

FULL Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

BASIC Chemical Analysis _____ Next Day 3:30 _____ 2 Day ☒ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

____ Lead _____ Arsenic _____ Next Day 3:30 _____ 2 Day _____ 3 Day

____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions: _____

Released By: (T3) Date: 11/5/15 Time: 9:30 AM Received By: TL

Released By: TL Date: 1-5-15 Time: 12:15 PM Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: (Signature) Date: 11/5/15 Time: 12:20

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 1/13/2015
Date Reported 1/14/2015

Sample No: 124561-01
Location: 11637 Vixens Path
Ellicott City, MD 21042

Sampled: 1/12/2015 3:35:00

Sampler: TGeppert1650TG (Exp. 03-01-17)
Preservation: Ice
Sample Point: Pressure Tank Manifold Drain Valve

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	01/13/2015	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	01/13/2015	CT-106

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

OK
DB
1-21-15

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

124561

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 410-224-4307

WALDORF

410-224-4304

FAX 301-932-7347

Company Name, Address Phone & Fax

Testing Address

Water Doctor
10983-E Guilford Road
Annapolis Junction, MD 20701

410-792-0327
Fax 410-792-0762

11637 Vixens Path
STREET
Ellicott City, MD 21042
CITY STATE ZIP

Send Report By: Fax Postal Service ☒ Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 11/12/15 Time 3:35pm Well Tag #:

Collectors Name: Ted Geppert Certification # 11650TG Expires 3/17

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 5.8 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: plank manifold drain valve Chemicals: Lead:

Bacteriological Test ☒ Next Day 11:30 ☐ Next Day 3:30 ☒ 2 DayFULL Chemical Analysis ☐ Next Day 3:30 ☐ 2 Day ☐ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)BASIC Chemical Analysis ☐ Next Day 3:30 ☐ 2 Day ☐ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)☐ Lead ☐ Arsenic ☐ Next Day 3:30 ☐ 2 Day ☐ 3 Day☐ Cadmium ☐ 2 Day ☐ 4 Day ☐ 6 DayRadium Gross Alpha ☐ One Week ☐ 2 Week

Special Instructions:

Released By: [Signature] Date: 11/13/15 Time 10:30 Received By: [Signature]

Released By: [Signature] Date: 11/13/15 Time Received By:

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 11/13/15 Time 11:00

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 12/17/2014
Date Reported 12/26/2014

Sample No: 124011-01

Sampled: 12/17/2014 8:55:0

Sampler: TGeppert1650TG (Exp. 03-01-17)

Location: 11637 Vixens Path
Ellicott City, MD 21042

Preservation: HNO₃, pH < 2

Sample Point: Manifold SS Drain Valve @Ptank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Gross Alpha-Radium	EPA 900.0	2.7		pCi/l	1.4	12/20/2014	FRC-
Radium Gross Beta	EPA 900.0	7.6		pCi/l	2.2	12/20/2014	FRC-

EPA MCL for Gross Beta is 50 pCi/L

If Gross Alpha Radium results are below 5 pCi/L no further action is recommended. If between 5-15 pCi/L further testing for Radium 226 and 228 is recommended. If Gross Alpha Radium result exceeds 15 pCi/L consider a water treatment system.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

124011 ~~123011~~

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 410-224-4307

WALDORF

410-224-4304

FAX 301-932-7347

Company Name, Address Phone & Fax

Water Doctor
10983-E Guilford Road
Annapolis Junction, MD 20701

410-792-0327

Fax 410-792-0762

Testing Address

11637 Vixens Path
STREET

Ellicott City, MD 21042
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service ☒ Email _____

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 12/17/14 Time 8:55am Well Tag #: _____

Collectors Name: Ted Geppert Certification # _____ Expires _____

Collectors Signature: Ted Geppert Circle One: PRIVATE WELL or CITY WATER

pH: 6.0 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: _____ Chemicals: _____
Radium Gross Alpha + Beta
manifold SS
drain valve

Bacteriological Test _____ Next Day 11:30 _____ Next Day 3:30 _____ 2 Day prank

FULL Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

BASIC Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

____ Lead _____ Arsenic _____ Next Day 3:30 _____ 2 Day _____ 3 Day

____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha X One Week _____ 2 Week

Special Instructions: * Also test + report Gross Beta

Released By: B Date: 12/17/14 Time: 12:35 Received By: NT

Released By: MT Date: 12/17/14 Time: _____ Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: NT Date: 12/17/14 Time: 12:30



Septic Permit #
545172-A

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 31, 2000

Attn: Michael Barlow
Barlow Well Drilling, Inc.
912 Fawn Court
Joppa, MD 21085

RE: **Yield Test Procedures**
The Chase II, Lot 4
Vixens Path
Well Permit #: HO-94-2361

Dear Mr. Barlow:

Upon reviewing the well completion/yield test report for the above referenced property, discrepancies were noticed on the yield test sheet. The length of time of the yield test after drawdown was short of the three hours prescribed by regulation 26.04.04.07 Q (3) (b). Therefore, this agency would have a problem accepting the test as being in compliance with the stated regulation.

Additionally, the information written on the yield test data sheet does not appear to be done in the handwriting of the driller who actually performed the yield test in the field. In the past, it has been observed that a representative from your company was not always completing the yield test sheets during the yield test.

No action on your part is being requested at this time. For future applications, please be advised that it is important that the yield test is conducted in accordance with COMAR 26.04.04. Previously, this agency has had issues with yield tests performed by representatives from your company; therefore, future yield test reports which do not comply with COMAR 26.04.04 will be cause for disapproval of the yield test. A second yield test will be required to be performed and it will also be requested that you contact this office so that an inspector can observe the yield test in its entirety.

Respectfully,

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: State Board of Well Drillers (Attn: Willie Everett, Eric Dougherty)

File ✓