SEQUENCE NO. STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. **WELL COMPLETION REPORT** COUNTY FILL IN THIS FORM COMPLETELY THIS INC - IS TO BE PUNCHED 5920 NUMBER IN COLS. 3-6 ON ALL CARDS) **PLEASE TYPE** ST/CO USE ONLY DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" DATE Received 22 95 (TO NEAREST FOOT) **OWNER** TOWN STREET OR RFD SUBDIVISION_ The C Stony Brook SECTION LOT GROUTING RECORD WELL LOG 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) check if water bearing CEMENT CM BENTONITE CLAY | B | C DESCRIPTION (Use additional sheets if needed) FEET FROM NO. OF BAGS 19 NO. OF POUNDS TO TO PUMPING RATE (gal. per min.) GALLONS OF WATER TEP SOIL 2 DEPTH OF GROUT SEAL (to nearest foot) MEASURE PUMPING RATE L 52 ft. to 54 BOTTOM 58 ft. 2.5 WATER LEVEL (distance from land surface) (enter 0 if from surface) BEFORE PUMPING 30 CASING RECORD 25 casing types CONCRETE SIT insert WHEN PUMPING 30 35 appropriate code OT 40 below TYPE OF PUMP USED (for test) OTHER P piston turbine Nominal diameter Total depth MĂIN 40 140 of main casing top (main) casing CASING other (nearest inch)! (nearest foot) 145 (describe TYPE centrifugal rotary 140 below) 64 60 61 63 145 340 J jet S submersible OTHER CASING (if used) depth (feet) **PUMP INSTALLED** DRILLER INSTALLED PUMP NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD screen type or open hole TYPE OF PUMP INSTALLED 29 PLACE (A,C,J,P,R,S,T,O) ST BR HO IN BOX 29 insert appropriate BRONZE HOLE GALLONS PER MINUTE code OT PL (to nearest gallon) 35 below **PUMP HORSE POWER** 37 41 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 CASING HEIGHT (circle appropriate box 11 21 WELL HYDROFRACTURED N and enter casing height) above C LAND SURFACE CIRCLE APPROPRIATE LETTER 26 24 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below foot) **ELECTRIC LOG OBTAINED** 50 51 30 41 51 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1 SHOW PERMANENT STRUCTURE SUCH AS I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04 OF 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 KNOW FORE DIAMETER (NEAREST BUILDING, SEPTIC TANKS, AND /OR OF SCREEN INCH) LANDMARKS AND INDICATE NOT LESS 56 60 THAN TWO DISTANCES (MEASUREMENTS TO WELL) PHOP (INE DRILLERS LIC. NO. 1 GRAVEL PACK L WAS FLOWING WELL INSERT F IN BOX 68 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO+ (E.R.O.S.) WO 70 SITE SUPERVISOR (sign. of driller or journeyman 75 76 LOG TELESCOPE responsible for sitework if different from permittee) INDICATOR OTHER DATA COUNTY DENV-CROO SANITARIAN TIMUDITI

LICENSE #

I

FNV 828

TTTT 17 100

B 1 SEQUENCE NO.	STATE OF	MARYLAND	STATE PE	RMIT NUMBER
(MDE USE ONLY)		ERMIT TO DRILL WELL	HA - 95	T-0110
1 2 3		e type	70 (11) in Africa	79
2 2	02325/			orm completely
Date Received (APA)	MATION TO	1/	OCATION OF WELL	
8 MM DD YY 13	MATION	8 COUNTY	7	21
		The Chase	At Stoney	BROOK
Trinity Builders 15 Last Name Owner	First Name 34	23 SUBDIVISION	.,, 0,0,00	42
3625 PANK AVE Sui	te 301		7	
36 Street or RFD	55	SECTION 44 46	LOT	
P. C. A. STATE OF THE PROPERTY	2/043	LISBON		3.70
57 Town 70 State 72		52 NEAREST TOWN		71
DRILLER INFORMATION	FY LALLS		7	
	S DUD	MILES FROM TOWN (enter	0 if in town)	<u>M </u> 76 77 78
Driller's Name 76	License No. 81	B 4		E-10
10 May 6 MAYING TH	4	1 2	CATTAIL RU	ion Oil,
Firm Name		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		HAT ROAD 30
12024 Handy Pol Mit Aire	1 MD 21721	N		NORTH
Address	7 1000 21727	NW B NE	ON WHICH SIDE (DE ROAD
115111.	8-22604	8-9 1 8-9	CONTOLL AFFROR	Well
Signature	Date	W (TOWN) E	34	30 37 SOUTH
B 2 WELL INFORMATION	_	8 77 8	DISTANC	E FROM ROAD
1 2 APPROX. PUMPING RATE	<u> </u>			NTER FT OR MI 38 39
(GAL. PER MIN.) 8	500 12		7	122
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8 8 1	AX MAP: BLK	: PARCEL 133
USE FOR WATER (CIRCLE APP	ROPRIATE BOX)	NOT TO	BE FILLED IN BY	DRILLER
		HEALTH	DEPARTMENT AP	PROVAL
D DOMESTIC POTABLE SUPPLY & RESIDENT	HAL	HALLARD	(3)	A59207
EADMING /LIVESTOCK WATERING & AGRIC	CULTURAL	COUNTY NAME	(3)	COUNTY NO.
IRRIGATION		STATE		MOEDT 0
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	G	SIGNATURE	7.2	INSERT S ——41
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	2) Cumber.	9/3/6/
		43 MM DD YY 48	CO SIGNATURE	EXP. DATE
T TEST, OBSERVATION, MONITORING		NORTH 542 00	0 GRID 7	77 000
G GEO-THERMAL		GRID 50	55 GAID 57	63
		SHOW MAJOR FEATURES	OF.	J & grand
APPROXIMATE DEPTH OF WELL /50	FEET	BOX & LOCATE WELL '	- viel	0 - 5 - 1
APPROXIMATE DEPTH OF WELL 24	28	WITH AN X	1	AIT
APPROXIMATE DIAMETER OF WELL 6	NEAREST	SOURCES OF DRILLING WA	ATER 11 14	00
AFFROXIMATE DIAMETER OF WELL	INCH	1. ve (11	
METHOD OF DRILLING (circle one)	3.		AD.
BORED (or Augered) JETTED	Jetted & DRIVEN	Year		
30	OTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER		9 14
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		- 1
other		A A	777	
	VED WELLS	E BLANST	£11	(3)
REPLACEMENT OR DEEPEN (CIRCLE APPROPRIATE 6		MAMA	000	157 4
THIS WELL WILL NOT REPLACE AN EXISTIN		N PUR	372	
THE WELL WILL BERLACE A WELL THAT W		DRAW A SKETCH BELOW S	SHOWING LOCATION O	F WELL IN
ABANDONED AND SEALED		RELATION TO NEARBY TO	WNS AND ROADS AND	GIVE
THIS WELL WILL REPLACE A WELL THAT W		DISTANCE FROM WELL TO	NEAREST ROAD JUNC	CTION
AS A STANDBY CONTACT LOCAL APPROVIN FOR POLICY ON STANDBY WELLS	NG AUTHORITY	1 had 1	-7.30	\circ
D THIS WELL WILL DEEPEN AN EXISTING WEI	LL	Min. / Chi.	and the same	~
PERMIT NUMBER OF WELL TO BE REPLACED OR	DEEPENED	N94 CATTAIL	River DR.	130
(IF AVAILABLE) 41	52	N J		100
Not to be filled in by driller (MDE OR CO	DUNTY USE ONLY)	A 1 /		(3)
		21 2 15		well
APPROP. PERMIT NUMBER HQ200	3 GO 181 1847	10° 10	rish Eyps	
		0.13	LA	
	95 -0110	The Maria Designation	-0	- 1
F. S. Sandard and S. Sandard and S. S. Sandard a	73 74 75 76 77 78 79	TIATU		
SPECIAL CONDITIONS	The same			₽

DENV-Permit 97

MARYLAND DEPARTMENT OF THE ENVIRONMENT		ON	and The
2500 BROENING HIGHWAY, BALTIMORE,	MARYLAND 21224, (410) 631-3784		一个
***************************************	**************************************	*****	****
WATER WELL ABANDONMENT-		*****	****
BMIT COPIES OF COMPLETED FORM TO:	日本の一大学を大学の大学の一般の意味		
COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if addr	ess needed)		
WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PRO	GDAM		
	JRAM		
TE WELL ABANDONED: APRIL 15 2010 (month/day	y/year)		
	115 -95 -		
PERMIT NUMBER OF ABANDONED WELL (if any)	HO - 95 -	0//0	
PERMIT NUMBER OF REPLACEMENT WELL	40 -95	1885	
PERSON ABANDONING WELL: PALL MAYNE	WELL DRILLERS LICENSE NUMBER	112	
OWNER'S NAME: Trivity Buld's	CIR	RCLE: MWD/I	MSD/1
WELL LOCATION: COUNTY: Lisbon / Howard			
NEAREST TOWN:			
TAX MAP BLOCK PARCEL33			
SUBDIVISION: Chase & Stevenson			
SECTION: LOT: 1			
NEAREST ROAD: Would have Red / (+ Had Ru-			
Dr.			
MARYLAND GRID COORDINATES	000	(F)	
E <u>U + 1 + 1</u>	000		
BOX NUMBER	SHOW WELL LOC	TATION	
N <u>-542</u>	BY X WITHIN		
TYPE OF WELL BEING ABANDONED:			
DRILLED JETTED			
BORED/AUGUERED HAND DUG			
OTHER (specify)	LOG OF SEAL	ING MATERL	AL
USE CODE:		FEI	ET
	MATERIAL	TO BE SEEN	
DOMESTIC MUNICIPAL/PUBLIC		FROM	TC
IRRIGATION INDUSTRIAL	11 01 -	340	25
TEST/OBSERVATION	Clue Stout	0	0
TYPE OF CASING:	Com out	7	
STEELPLASTIC			
CONCRETEOTHER (specify)			100
Officially)			1

a commercial contractions and the contraction of th	PE	FEET		
MATERIAL	FROM	то		
Blue Stone	340	25		
Coment.	25	0		
		1		

SIGN	IATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN	I ICENSE #	CIRCLE ONE	
	The Hound	117	MWD/MSD/MGD A/	200
*	WAS CASING RIPPED OR PERFORATED? YES NO			
	if yes, length removed, in feet:			
*	WAS ANT CASING REMOVED! TES NO		12 12 13 13 Ca = 1 Ca = 1	-

6 INCHES IN DIAMETER

DATE

SIZE OF CASING:_

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.

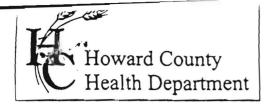
Company Name:Address:	Telephone #:
(Must circle one) Licensed Plumber License # and name of individual responsible for Name (Print): *A licensed individual must perform the actus supervision of a licensed journeyman or master subjected to field verification.	
	Telephone #
Subdivision:	Lot #: Well Tag # : HO - 9.5 - (2)
Site Address: 16327 atten) River	Telephone #: Lot #: Well Tag # : HO - 95 - 040
Submersible Pump Data Make: Make: Model #: Pump Capacity GPM Depth Well Yield: Depth of well encountered at time of pump insta If pump capacity exceeds well yield, a low water Torque arrestors or Cable guards are required—I Safety rope, if used, attached to inside of well Piping to house Type: Pitles: Make: Model Popth NSF a Depth NSF a Depth Or pump insta If pump capacity exceeds well yield, a low water Torque arrestors or Cable guards are required—I Safety rope, if used, attached to inside of well	#: Screened, vented well cap: #: Screened, vented well cap: #: Cap secured to casing: pproved: Conduit min 18" B.G.: Illation: (feet) Conduit secured to well cap: recut off switch is required by NSPC 1990 Section 17.8.4 Must circle one casing with eye bolt use Connection C sleeved to undisturbed soil at wall penetration: proximate length of sleeve:
The water supply line is required to be at leas	t ten feet from the septic tank, pump chamber, sewage piping, rve area. If this <u>cannot</u> be accomplished, contact this office for
Signature of company representative responsible	for installation date
For Health Department	Use Only - Not to be completed by Installer
Date Insp. Requested: Inspection Data: Pitless adapter and water supp Two piece cap installed and at Elec. conduit extends at least 1 Safety rope installed inside of	Date Insp. Approved: 122 10 ly line at least 36" below grade tached to casing securely 18" below grade/attached to cap properly well casing erly and casing 8" above finished grade quately at house connection

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

inspection. No work is to be covered a with the National Standard Plumbin Construction Regulations). Submission Company Name: Do-iT Plumbing Address: 9955 OLD	antil approved by the Health ag Code (NSPC, as amended on of a complete form is required to the Health agents of t	prior to 9 am on the day of the desired Department. All installations must comply locally) and COMAR 26.04.04 (MD Well ired prior to Use and Occupancy approval. #: 240.882-0069
(Must circle one) Licensed Plumber	I icensed Well Driller	Licensed Well Pump Installer
License # and name of individual respon		
Name (Print): DVANE G116e		License# 21899
*A licensed individual must perform		entices must be under the direct
		staller of well driller. Licenses may be
subjected to field verification.		
Name of Property Owner: TOI	Telepho	me #: 410 - 480 - 0023
Subdivision: Chase @ stano,	Brook Lot#:	7 Well Tag #: HO - 95- 1885
Site Address: 16327 Catfail		
woodbine md.		
Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Myers	Make: American Georby In:	Two piece watertight cap: yes
Model #: 25772-5 Plus - P4-1		Screened, vented well cap: <u>yes</u>
Pump Capacity 5 GPM	Depth: 4c5 (36" min)	Cap secured to casing: Ves
Well Yield: 8 GPM	NSF approved: yes	Conduit min 18" B.G.: <u>Ves</u>
Depth of well encountered at time of pu		Conduit secured to well cap: Ur 5
If pump capacity exceeds well yield, a learning arrestors or Cable guards are rec		ired by NSPC 1990 Section 17.8.4
Safety rope, if used, attached to inside		No
omer, tope, it used, attached to inside	or men casing with eye boil	77 -

Make: Myers	Make: American Gronby In.	Two piece watertight cap: yes
	Model#: 9 T 800	Screened, vented well cap: yes
	Depth: 4c5 (36" min)	Cap secured to casing: Ves
Well Yield: 8 GPM	VSF approved: yes	Conduit min 18" B.G.: Ves
Depth of well encountered at time of pump	installation: 40 a (feet)	Conduit secured to well cap: Ut 5
If pump capacity exceeds well yield, a low	water cut off switch is requ	ired by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are requir		
Safety rope, if used, attached to inside of	well casing with eye bolt	No
Piping to house	House Connection	
Type: Black Plackic		ed soil at wall penetration: $V \in S$
PSI: <u>/es</u> (160 psi min)	Approximate length of sle	
Depth of supply line: VC1 (36" min)	Sleeve caulked and sealed	
approval prior to installation. Signature of company representative respo	nsible for installation	April 21- 2010 date
For Health Depart	ment Use Only - Not to be	completed by Installer
Date Insp. Requested: 4/19/10	Date Insp. An	proved: 4/19/2010 (BB)
Inspection Data: Pitless adapter and water		
	and attached to casing secur	
	least 18" below grade/attacl	
Safety rope installed inst		
Correct well tag attached	i properly and casing 8" abo	ove finished grade
	ed adequately at house conne	ection
Adequate grout observed	i below pitless adapter	ove finished grade V connected to line level
HD-215(Rev. 8/00)		



3525 H Ellicott Mills Drive (410) 313-2640 TDD (410) 313-2323

Ellicott City, MD 21043
 Fax (410) 313-2648
 Toll Free 1-866-313-6300

website: www.hchealth.org

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

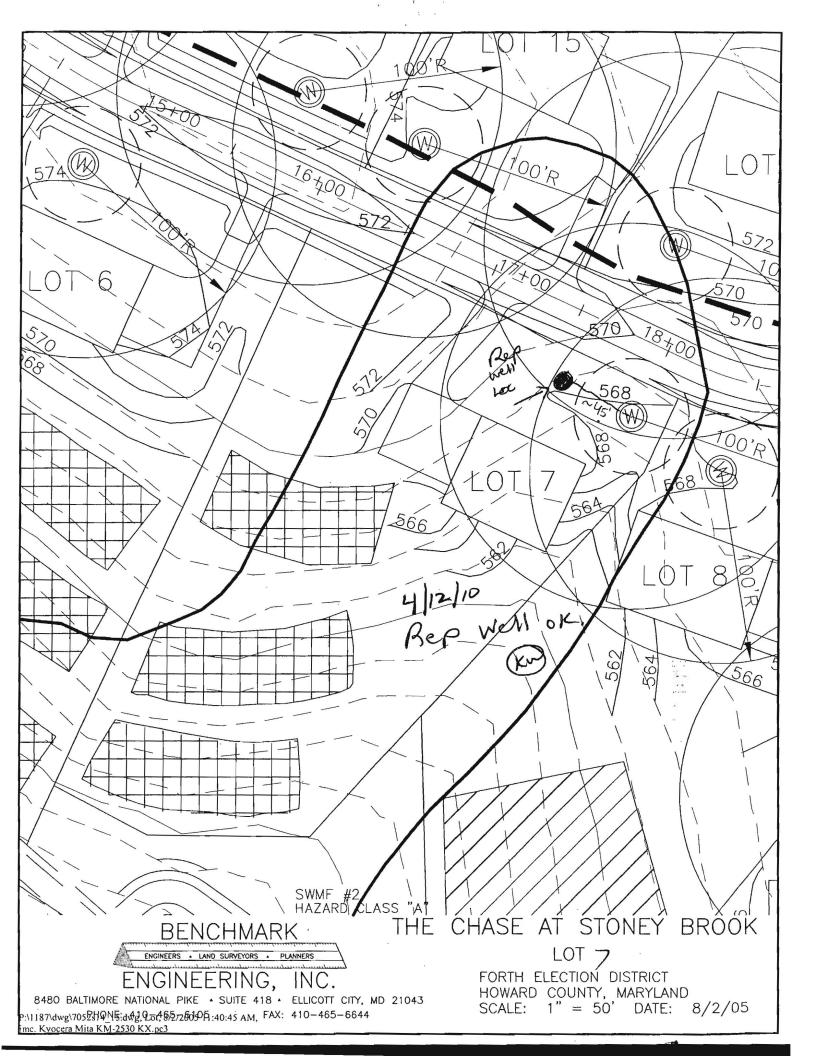
ATTENTION WELL DRILLERS!!!

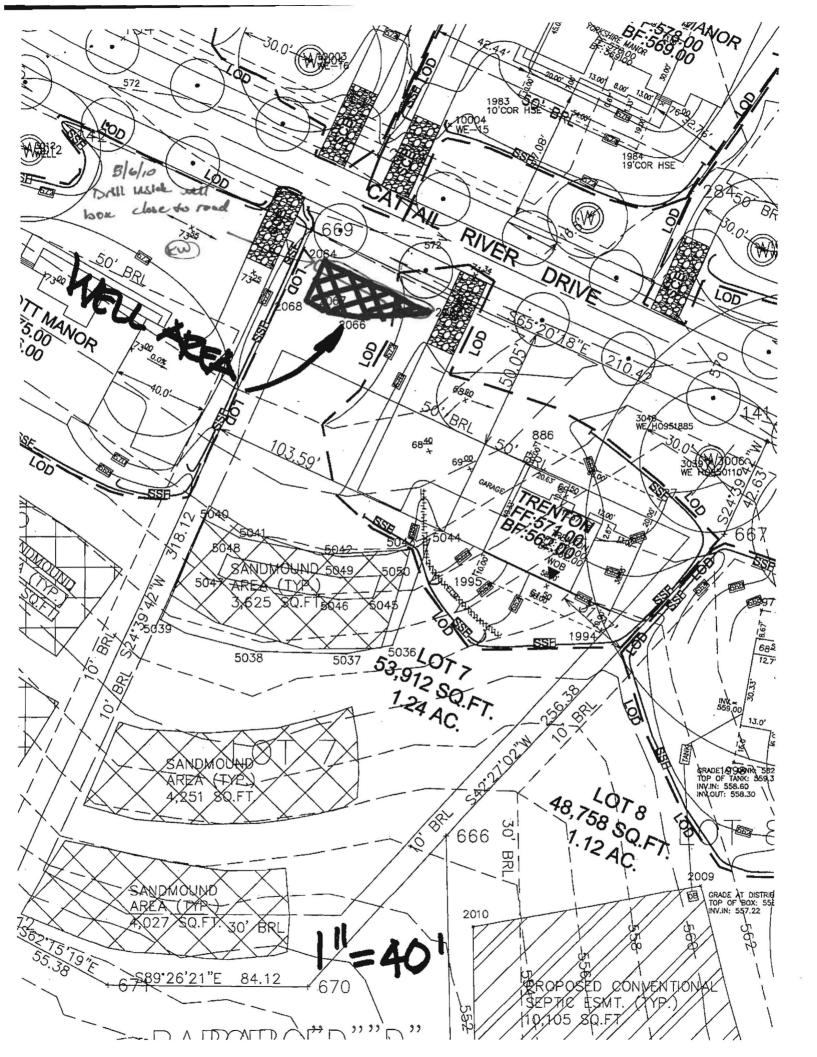
When submitting a well application for a new or replacement well, please indicate one of the following:

	VOGEL
Ø	The well site has been staked by Jenthank Eng. Inc
	on Ay 4 2010 and is ready for site inspection.
	will call the Health Department
	for a time to meet in the field to verify a well location.
	Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

Lot 7 Sub-The Chase At Stoney Brook Trimity Buildels







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

Report Date: August 27, 2010

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes

3675 Park Avenue

Suite 301

Ellicott City, MD 21043

Property Sampled: Sample Location:

16327 Cattail River Drive

Residual Chlorine:

Left Side Outside Tap

<0.1 mg/L

Subdivision: Parcel:

The Chase at Stoneybrook

Building Permit #: Sampler ID #:

Samples Iced:

9813AM

Not Provided

Yes

County: Map:

Howard

133

Lot #:

S/O Number: 78635

7

Date/Time Collected in Field: Date/Time Received in Lab:

8.25.2010 @ 12:40 pm 8.25.2010 @ 2:30 pm

Well Tag #: Well Condition: HO-95-1885 2-Piece Cap

Satisfactory Condition

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	6.5 mg/L	Pass
Turbidity	EPA 180.1	1 0 NT U	1.5 NTU	Pass
pН	EPA 150.1	*6.5-8.5 Units	5.9 Units	***
Sand		Negative	Negative	

Kara Waltimyer

Drinking Water Division

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 A Methode Electronics, Inc. Company

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:

77503

Trinity Homes/TBI Homes 3675 Park Avenue Suite 301

Ellicott City, Maryland 21043

Report Date:

May 6, 2010

Property Sampled:

16327 Cattail River Drive

County:

Howard

Subdivision:

The Chase at Stoney Brook

Tax Map #:

7

Lot #:

7

Parcel #:

133

Building Permit #:

B09001789

Date/Time Collected: Date/Time Received:

May 5, 2010 at 11:20 am May 5, 2010 at 2:07 pm

Sample Location:

Outside Tap

Samples Iced: Yes

Sampler ID:

5745KC

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-95-1885

Well Condition:

2-Piece Cap

Satisfactory

Water Conditioning/Treatment:

Undetermined – no access to house

PARAMETER	RESULT	METHOD	MCL	
Turbidity	9.5 NTU	EPA 180.1	10 NTU	Pass

Allison R. Milburn

Manager-Drinking Water Testing

Allison nelenin



TRACE LABORATORIES, INC A Methode Electronics, Inc. Company 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:

77416

Trinity Homes/TBI Homes

Report Date:

April 29, 2010

3675 Park Avenue Suite 301 Ellicott City, Maryland 21043

Property Sampled:

16327 Cattail River Drive

County:

Howard

Subdivision:

The Chase at Stoney Brook

Tax Map #:

7

Lot #:

7

Parcel #:

133

Building Permit #:

B09001789

Date/Time Collected:

April 28, 2010 at 11:15 am April 28, 2010 at 2:25 pm

Date/Time Received:
Sample Location:

_

Samples Iced: Yes

Sampler ID:

Hosebib by garage 5745KC

Residual Cl₂ < 0.1 mg/L: Yes

Well Tag Number:

HO-95-1885

Well Condition:

2-Piece Cap

Satisfactory

Water Conditioning/Treatment:

Undetermined – no access to house

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	47 NTŬ	EPA 180.1	10 NTU	High
pН	8.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn

Manager-Drinking Water Testing

Allison melenin

MCL=Maximum Contamination Level

^{*}SMCL=Secondary Maximum Contamination Level

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



TRACE LABORATORIES, INC A Methode Electronics, Inc. Company 5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117 Website: www.tracelabs.com / Email: <u>info@tracelabs.com</u>

Maryland State Certified Laboratory # 318

May 13, 2010

77567

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301

Ellicott City, Maryland 21043

Property Sampled:

16327 Cattail River Drive, Retest

County:

Howard

Subdivision:

The Chase at Stoney Brook

Tax Map #:

7

S/O Number:

Report Date:

Lot #:

7

he chase at stoney brook

Parcel #:

133

Building Permit #:

B09001789

Date/Time Collected: Date/Time Received:

May 12, 2010 at 11:30 am May 12, 2010 at 2:33 pm

Sample Location:

basement Bathroom

Samples Iced: Yes

Sampler ID:

9813AM

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Well Condition:

HO-95-1885 2-Piece Cap

Satisfactory

Water Conditioning/Treatment:

Sediment Filter

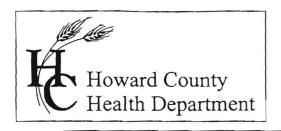
PARAMETER	RESULT	метнор	MCL/*SMCL	
Turbidity	9.9 NTU	EPA 180.1	10 NTU	Pass
Iron	<1.0 mg/L		*0.30 mg/L	Pass

Allison million

Allison R. Milburn

Manager-Drinking Water Testing

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



3525 H Ellicott Mills Drive • Ellicott City, MD 21043 Fax (410) 313-2648 (410) 313-2640 TDD (410) 313-2323

Toll Free 1-866-313-6300 website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

M	The well site has been staked by BENCHMARK Engineering Inc	_
	on Ay 12 2005 and is ready for site inspection.	
	will call the Health Department	
	for a time to meet in the field to verify a well location.	
Ø	Site plan for new well is attached to well permit application.	

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN