

B 1 20786
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
546386J please type

STATE PERMIT NUMBER

Ho -14 -0004
70 fill in this form completely 79

Date Received (APA)
8/4/14
8 MM DD YY 13

OWNER INFORMATION

MB Highland Reserve LLC
15 Last Name Owner First Name 34
1686 E. Gude Dr
36 Street or RFD 55
Rockville MD 20850
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Reagan Property
23 SUBDIVISION 42
SECTION 44 46 LOT 12 48 50
Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton MS D 009
76 Driller's Name License No. 81
Fogles Well Drilling LLC
Firm Name
PO Box 202 Woodbine, MD 21797
Address
Allen Compton 4-10-14
Signature Date

B 4

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

Pleasant Springs Ct
Point Ridge Dr
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
34 150 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A530307 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05/27/2014 RMA 5/27/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE 41

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

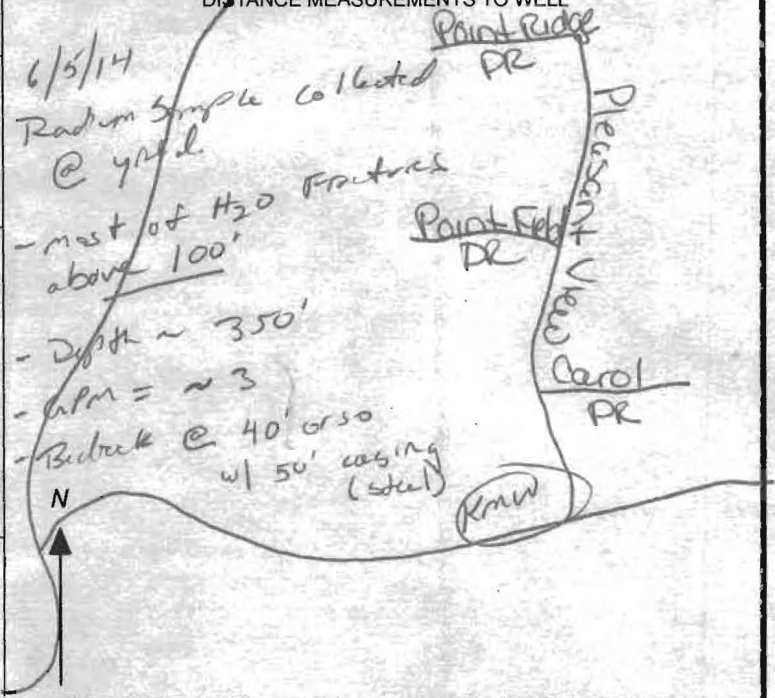
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED
(IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER HO 2014 G 002
PERMIT No. Ho -14 -0004
70 71 72 73 74 75 76 77 78 79

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

Radium Sample Required @ yield test

**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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. BOX 138
ASHTON, MD 20861

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

License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

***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: MITCHELL + BEST Telephone #: _____
Subdivision: HIGHLAND RESERVE Lot #: 12 Well Tag #: HO-14-0004
Site Address: 12202 PLEASANT SPRINGS CT
FULTON MD

Submersible Pump Data

Make: Grundfos
Model #: 3/4HP 230/1
Pump Capacity 7 GPM
Well Yield: 2.2 GPM

Pitless Adapter

Make: Campbell
Model #: PA500
Depth: 48" (36" min)
NSF/WSC approved: YES

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: 350 (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 CRS

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

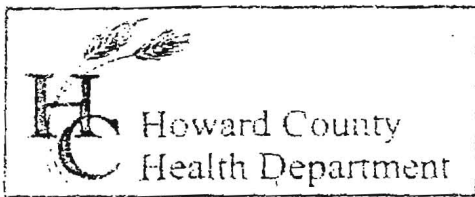
PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: DAVID RYCKE date: 10-30-15

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

Date Insp. Requested: _____ Date Insp. Approved: 10-30-15 Inspector: KW
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 seen 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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

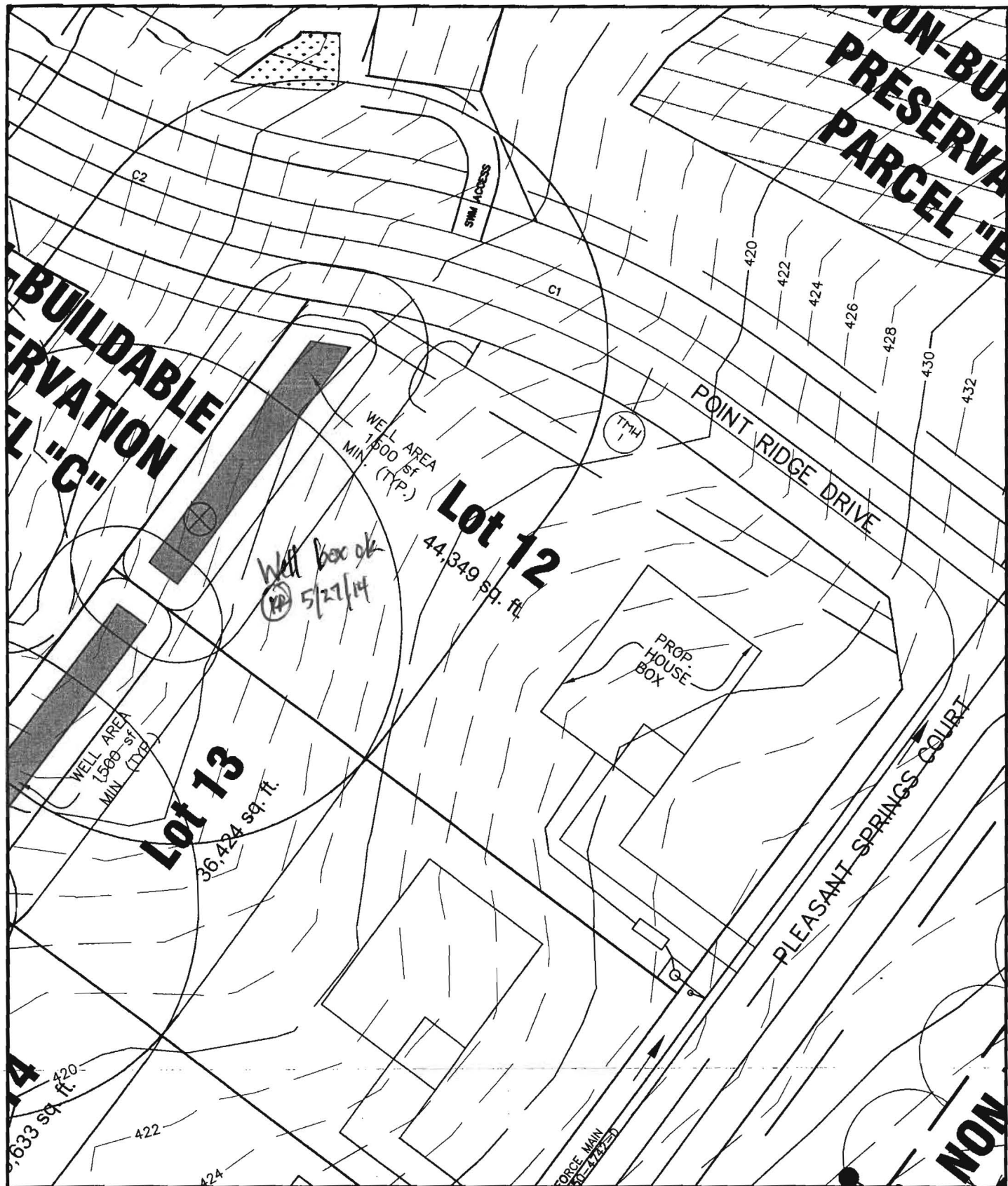
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

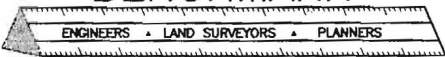
- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 4-4-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT
 REGAN PROPERTY**

LOT 12

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 3/11/2014

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

Well Water Solutions, Inc.
5163 Darting Bird Lane
Columbia, MD 20144

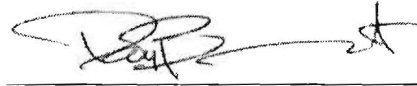
Project
Date Received 11/3/2015
Date Reported 11/17/2015

Sample No: 132549-01 Sampled: 11/3/2015 11:30:0 Sampler: JWalker9006JW (Exp. 8/6/2018)
Location: 12202 Pleasant Spring Court Preservation: HNO₃, pH < 2
 Highland, MD Sample Point: Kitchen (Post Treatment)

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium 226	EPA 903.1	0.30		pCi/l	0.2	11/13/2015	FRC-
Radium 228	EPA Ra-05	<0.8		pCi/l	0.8	11/12/2015	FRC-

The combined MCL for R-226 and R-228 is 5 pCi/L

Approved By



Daniel J. Brumsted, Laboratory Director

Annapolis

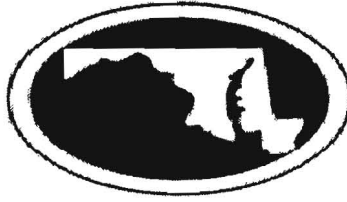
Ph 410-224-4304 Fax 443-926-0586

Waldorf

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

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108 Old Solomons Island Rd
Annapolis, MD 21401



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The combined MCL for R-226 and R-228 is 5 pCi/L

** Needs to be revised to state Treatment. -kmw*
Not Acceptable

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



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | 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

Lot 12

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and MB Highland Reserve LLC ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12202 Pleasant Springs Court, Fulton, MD 20759 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # 24, Parcel # 200, Deed Reference # 15533/484 and Tax Account # 05-597445 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO14-0004 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

2013

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

- 1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device which effectively reduces gross alpha, gross beta and radium levels to below their respective MCL's. The Health Department

LR - Agreement 20.00
Recording Fee 20.00
Grantor/Grantee Name: MITCHELL
Reference Control #: 15
LR - Agreement 40.00
SubTotal 60.00
Total: 180.00
11/19/2015 02:19 CC13-ES
#518598970503 -
Columbia County 05-03-08 -
Howard County
Penit # 08

000115



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
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LR - Agreement 20.00
 Recording Fee 20.00
 Grantor/Grantee Name: MITCHELL
 Reference Control #: 115
 LR - Agreement 40.00
 SubTotal 60.00
 Total: 160.00
 11/19/2015 02:19
 #51859881-00503
 Howard County
 Columbia, MD
 21045
 410-313-2640
 410-313-2648
 www.hchealth.org

000115

shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

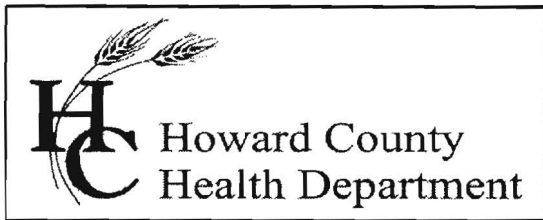
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

Martin J. Mitchell 11/2/15 Ralph Mahly Jr. 11/2/15
Owner Date Witness Date

Martin J. Mitchell
Owner Date Witness Date

Howard J. Quinn 11/10/15
Howard County Health Department Date



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](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 16, 2016

December 16, 2015

Homeowner
12202 Pleasants Springs Court
Fulton, MD 20759

**RE: Regan Property, Lot 12
12202 Pleasant Springs Court
Building Permit: B15000188
Well Permit: HO-14-0004**

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 **10/28/2015**. Final approval of the well line connection to the dwelling was granted on **10/30/2015**. The well construction was completed on **6/5/2014**. Water samples were collected on **9/25/2015 & 10/12/2015**.

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 **11/3/2015**. Results showed a Radium 226 level of **0.3 pCi/L** and a Radium 228 level of **0.8 pCi/L**. The results were below the combined maximum contaminant level (MCL) of 5 pCi/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-14-0004. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

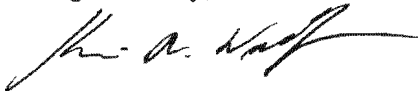
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

February 12, 2015

**MB Highland Reserve, LLC
1686 Gude Drive
Rockville, Maryland 20850**

**RE: Regan Property Lot 12
Pleasant View Drive
Well Tag: HO - 14 - 0004**

To Whom it May Concern:

A sample was collected during a yield test on June 5, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 219.7 ± 9.8 picocuries/liter (pCi/L), while the **Gross Beta** level was 13.4 ± 3.3 pCi/L. The **Gross Alpha** result was significantly above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **does not meet** EPA regulatory standards. Given the very elevated readings (both initial and confirmatory) for **Gross Alpha**, additional testing **for these parameters** will be required to secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system most likely will be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

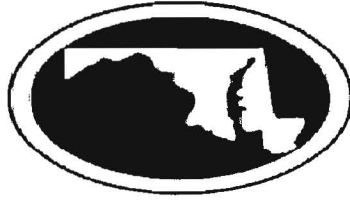
Bert Nixon, Director

Bureau of Environmental Health

Enclosure
cc: Property 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

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5163 Darting Bird Lane
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Project
Date Received 10/12/2015
Date Reported 10/13/2015

Sample No: 131995-01 Sampled: 10/12/2015 1:25:0 Sampler: JWalker9006JW (Exp. 8/6/2018)
Location: 12202 Point Ridge Drive Preservation: Ice
Fulton, MD Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	10/12/2015	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	10/12/2015	CT-106

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

Treatment?

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

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

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

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Well Water Solutions
5163 Darting bird Lane
Columbia, MD 21044

Testing Address

12202 Point Ridge Dr.
STREET
Fulton, MD
CITY STATE ZIP

Send Report By: Fax Postal Service Email jemoseman@wellwatersolutions.net

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

FIELD COLLECTION INFORMATION

Collected: Date 10/12/15 Time 1:25 Well Tag #:

Collectors Name: Janet Walker Certification # 9006JAW Expires 08/7/18

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

pH: 7 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: Kitchen sink Chemicals: Lead:

- 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: [Signature] Date: 10/12/15 Time: 2:10 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.

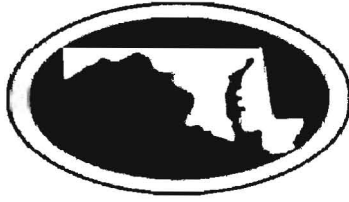
LABORATORY SAMPLE RECEIPT INFORMATION

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

Received in LAB By: [Signature] Date: 10/12/15 Time: 14:00

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

Well Water Solutions, Inc.
5163 Darting Bird Lane
Columbia, MD 20144

Project
Date Received 9/25/2015
Date Reported 9/30/2015

Sample No: 131477-01

Sampled: 9/24/2015 5:30:00

Sampler: JMoseman0130J (Exp. 3/12/2016)
M

Location: 12202 Pleasant Sprigs Court
Fulton, MD

Preservation: Ice

Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Present/Fail		Per/100ml		09/25/2015	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		09/25/2015	LC-106
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	09/29/2015	DB-139
Turbidity	EPA 180.1	2.3		NTU	0.5	09/29/2015	RM-139

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

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

13/477

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

WWS

12202 PLEASANT SPRING STREET
FULTON MD
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 9/24 Time 5:30 Well Tag #:

Collectors Name: JOHN MOSEMAN Certification # 0130 JRM Expires 3/16

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

pH: 6 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: 1 catch Chemicals: Lead:

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

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

BASIC Chemical Analysis Next Day 2 Day 3 Day well
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions: Nox 12/14

Released By: [Signature] Date: 9/24 Time: 5:30 PM Received By:

Released By: [Signature] Date: 9/25 Time: 1:00 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: 9/25/15 Time: 13:15

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Best Nixon
8930 Stanford Blvd
Columbia, MD 21045

Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Reagan Property

County: Howard

Sample Source: Pleasant View Dr. - Lot 12

Location: H0-14-0004
(Well no., lab sink, sample tap, etc.)

~~Bottle A~~ Bottle A HOKW0004
Bottle B _____

~~Field Blank~~ Field Blank → Bottle A FB HOKW6514
Bottle B _____

County 13

Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type
Drinking Water <input checked="" type="checkbox"/>
Landfill <input type="checkbox"/>
Stream <input type="checkbox"/>
Other <input type="checkbox"/>

Service
Community <input type="checkbox"/>
Non-Community <input type="checkbox"/>
Private <input checked="" type="checkbox"/>
Other <input type="checkbox"/>

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

Testing
Emergency <input type="checkbox"/>
Routine <input checked="" type="checkbox"/>
Recheck <input type="checkbox"/>
Special <input type="checkbox"/>

Submitters Code:

Federal Project:

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 6/5/14

Time Collected: 11:30 a.m. _____ p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: pH preserved to <2.0. Sample taken during yield

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000						
<input checked="" type="checkbox"/> Gross Beta	4100						
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: _____ Received By: _____

Data Release Signature: _____ Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373