

C 1 16640 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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 08 13 14

DATE WELL COMPLETED MM DD YY 7/7/14

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2694

OWNER MB Highland Reserve WELL SITE ADDRESS Point Ridge DR TOWN Highland SUBDIVISION Ragan Property SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray Limestone, Brown, and Gray White.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (110), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 33 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (nearest foot) (35).

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

DRILLERS LIC. NO. 1 M SD 009, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 D

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

DEPTH (nearest ft.) table with rows for casing and screen diameters and depths.

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

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED (nearest hour) 8, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE 1 gal, WATER LEVEL (distance from land surface) BEFORE PUMPING 16.5 ft, WHEN PUMPING 26 ft, TYPE OF PUMP USED (for test) 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, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below 02 (nearest foot)

LATITUDE 39.1877441 LONGITUDE 76.9918411 (DEFAULT COORD. WGS 84)

NOTES:

B 1 1 2 3 6 20730	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546306	STATE PERMIT NUMBER Ho - 95 - 2694 70 79 fill in this form completely
Date Received (APA) 04 10 14 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 M.B. Highland Reserve LLC 36 Street or RFD 55 1686 E. Coode Dr 57 Town 70 State 72 Zip 76 Rockville Md. 20850		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Regan Property SECTION 44 46 LOT 48 50 2 52 NEAREST TOWN 71 Highland	
DRILLER INFORMATION Driller's Name 76 License No. 81 Allen Compton M S D 009 Firm Name Fogles Well Drilling, LLC Address P.O. Box 202 Woodbine, Md 21797 Signature Date Allen Compton 4-10-14		B 4 SOURCES OF DRILLING WATER 1. 11 STREET ADDRESS 30 Point Ridge Dr 2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 3. NORTH N WEST W 32 EAST E SOUTH S 34 140 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL _____	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME 41 Howard AS30307 COUNTY NO. 13 STATE SIGNATURE DATE ISSUED 43 MM DD YY 48 05/27/2014 CO SIGNATURE EXP. DATE 5/27/15	
22 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL 24 28 300 FEET APPROXIMATE DIAMETER OF WELL NEAREST INCH 6	
30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT other _____		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 	
39 REPLACEMENT OR DEEPEMED 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 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) APPROP. PERMIT NUMBER HO 2014 G 002 PERMIT No. Ho - 95 - 2694 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED * Radium sampling must be done at the time of 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: PO Box 138
Ashton, ND 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 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: Mitchell + Best Telephone #: _____
Subdivision: HIGHLAND RESERVE Lot #: 2 Well Tag #: HO-95-2694
Site Address: 12330 POINT RIDGE DR
FULTON, MD 20755

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input type="checkbox"/>
Model #: <u>1/2 2W 7GPM</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>4/8" (36" min)</u>	Cap secured to casing: <input type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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

Signature of company representative responsible for installation _____ date 3/30/16

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

Date Insp. Requested: _____ Date Insp. Approved: 6/2/16 (RW)

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No. _____

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: _____

Sample Source: _____

Radon-222

County: Howard

Location: HO-95-2694
(Well no., lab sink, sample tap, etc.)

County: 13

Regan Prop
Point Ridge Dr. - Lot (2)
 Bottle A HO KW 2694
 Bottle B _____

Radon-222 Field Blank

Bottle A FBKW7714

Bottle B _____

Plant No. _____

CHECK (one per Box)

Type
Drinking Water
Landfill
Stream
Other

Service
Community
Non-Community
Private
Other

Point of Collection
Source (Raw)
Distribution (treated)
MCL

Testing
Emergency
Routine
Recheck
Special

Submitters Code: _____

Collector: _____

Date Collected: 7-7-14

Field pH: 7.0

Nitric Acid Preserved: _____

Federal Project: _____

Telephone No.: 410 313 2645

Time Collected: _____ a.m. 1:00 p.m.

Field Chlorine: _____

Remarks: Sample collected @ field

Yes No

Iced: Yes No

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	4004						
<input type="checkbox"/>	4004						

Date Received: _____

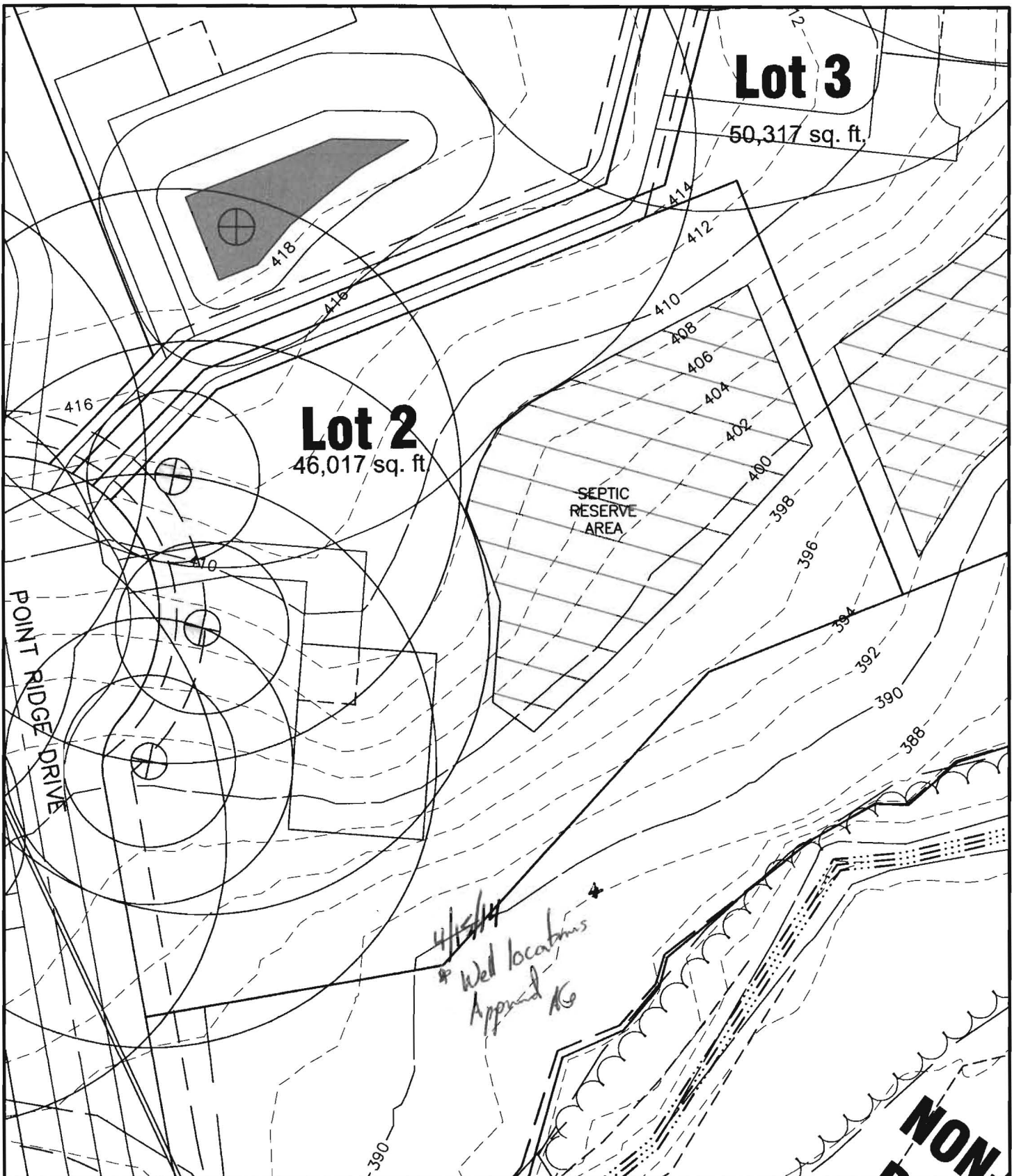
Data Release Signature: _____

Received By: _____

Date: _____

Sample Intact up to _____
 Sample pH < 2.0
 Received with _____

Yes	No	N/A

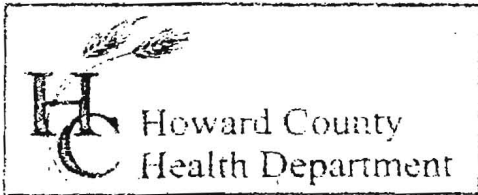


BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

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

**WELL EXHIBIT
 REGAN PROPERTY**

LOT 2
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 3/11/2014



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



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

Maura Rossman, M.D., Health Officer

February 12, 2015

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

RE: Regan Property Lot 2
Point Ridge Drive
Well Tag: HO - 95 - 2694

To Whom it May Concern:

A sample was collected during a yield test on July 7, 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 $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was 4.4 ± 1.9 pCi/L. The **Gross Alpha** result was below 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 **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

0000052 4-8#

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Pooop

County: Haward

Sample Source: Point Ridge Dr. - Lot (2)

Location: HO-95-2694

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HO KW 2694

Radon-222 Field Blank

Bottle A FBKW7714

Bottle B _____

Bottle B _____

County 113

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: 7-7-14

Time Collected: _____ a.m. 1⁰⁰ p.m.

Field pH: -

Field Chlorine: -

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Sample collected e. field

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0052	EPA 9000	<2.0	7/10/14	CWB	7/14/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0052	"	4.4 ± 1.9			
<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: 07/08/14 Received By: C. Watty-Boyd

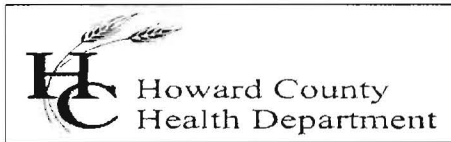
Data Release Signature: Deborah Miller - Juck Date: 7/15/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

ORIG MAILED 7/24/14

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: JULY 24, 2014
DATES OF SERVICE: JUNE 23, 24 & JULY 7, 8 2014
INVOICE #: 2014-013

8930 Stanford Boulevard, Columbia, MD 21045
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL TO MB Highland Reserve, LLC
1686 Gude Drive
Rockville, MD 20850

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
06/23/14	Gross alpha/beta testing performed for Reagan Property Lot 16 HO - 14 - 0008		\$45.00
06/24/14	Gross alpha/beta testing performed for Reagan Property, Lot 15 HO - 14 - 0007		\$45.00
07/07/14	Gross alpha/beta testing performed for Reagan Property Lots 18 and 2 HO - 14 - 0010, and HO - 95 - 2694	NOTE 8/26 HYDROFRAC & LITERS SENT WONT CHARGE FOR THIS	\$90.00
07/08/14	Gross alpha/beta testing performed for Reagan Property, Lot 17 HO - 14 - 0009		\$45.00
			AMOUNT DUE
			\$225.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-013
Site Information	Reagan Property Lots 2, 15, 16, 17 & 18
Amount Due	\$225.00

Applying Receipt #
54589 to
use for these lots
was initially rec'd 8/21/14

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Well Water Solutions
P. O. Box 67
Highland, MD 20777

Reporting Date: 5/18/2016
Report #: WWS-1605-09

Submitted Sample Address: 12330 Point Ridge Drive, Fulton, MD
Submitted Sample Source: Kitchen sink
Date / Time Collected: 5/16/2016 09:00 AM
Sampler/Company: Janet Walker 9006JW, Well Water Solutions
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.0
Well Tag #: N/A

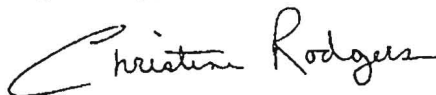
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	ND	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -
 - EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
 - EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
 - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

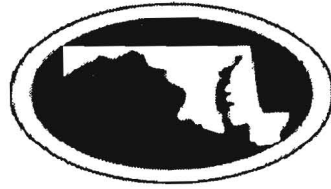


C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

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 5/5/2016
Date Reported 5/10/2016

Sample No: 137494-01 Sampled: 5/5/2016 11:45:00 Sampler: JWalker9006JW (Exp. 8/6/2018)
Location: 12330 Point Ridge Drive Preservation: Ice
Fulton, MD 20759 Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		05/05/2016	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		05/05/2016	CT-106
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	05/10/2016	DB-139
Turbidity	EPA 180.1	Not Detected		NTU	0.5	05/06/2016	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

ENVIRONMENTAL TESTING LAB, INC - CHAIN

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



137494
Client: Well Water Solutions, Inc.
Project
Date Due: 5/10/2016

Company Name, Address Phone & Fax

Well Water Solutions
5163 Darling bird Lane
Columbia, MD 21044

Testing Address

12330 Point Ridge Drive
STREET
Fulton, MD 20759
CITY STATE ZIP
Lot 2

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

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

FIELD COLLECTION INFORMATION

Collected: Date 5/5/16 Time 11:45 Well Tag #: _____

Collectors Name: Janel Walker Certification # 9006JW Expires 08/7/18

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

pH: 6.5 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: Kitchensink Chemicals: Kitchensink Lead: _____

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

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

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

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: Well-set, First test no treatment

Released By: [Signature] Date: 5/5/16 Time: 1:45 Received By: _____

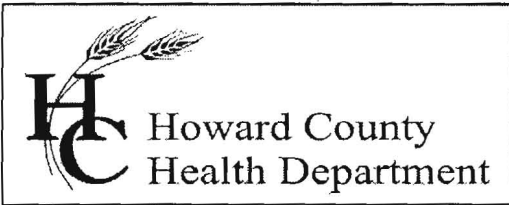
Released By: _____ Date: _____ Time: _____ Received By: _____

(*) 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: 5/5/16 Time: 11:11



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 – December 3, 2016

June 3, 2016

Homeowner
12330 Point Ridge Drive
Fulton, MD 20759

**RE: Highland Reserve, Lot 12
12330 Point Ridge Drive
Building Permit: B15004396
Well Permit: HO-95-2694**

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 **5/5/2016**. Final approval of the well line connection to the dwelling was granted on **6/2/2016**. The well construction was completed on **7/7/2014**. Water samples were collected on **5/16/2016**.

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 **7/7/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.4 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

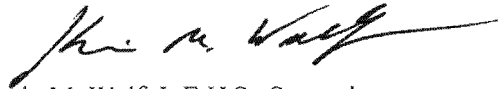
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2694. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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