

C1 0703

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.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

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

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

Top soil 0 2
brown Mica 2 18
Tan mica 18 30
Drain mica 30 78
~~Green mica 78 91~~
Green Mica 78 91
brown Mica 91 93
Green Mica 93 107
brown Mica 107 130
tan Mica 130 145
Gray 145 400

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 33 NO. OF POUNDS 3300

GALLONS OF WATER 198

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 54 BOTTOM 58 ft.

(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)

60 61 63 64 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole(insert
appropriate
code
below)

SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

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.

M D 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

S W D 727

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

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other

27

J jet

27

S submersible

27

PUMP INSTALLED

DRILLER INSTALLED PUMP
(CIRCLE) (YES or NO)

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

49

LAND SURFACE

- below

49

(nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1	3214	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526268 please type	STATE PERMIT NUMBER <u>140-95-1121</u> 70 fill in this form completely 79
Date Received (APA) <u>3/6/08</u> 8 MM DD YY 13		OWNER INFORMATION 10511		
15 Last Name <u>Lee Development Group Inc</u>		34 First Name		
36 Street or RFD <u>8601 Georgia Ave, Suite 200</u>		55		
57 Town <u>Silver Spring, Md 20910</u>		76 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name <u>George F. Easterday</u>		M WD 040		
Firm Name <u>L. Franklin Easterday, Inc.</u>		76 License No. 81		
Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u>				
Signature <u>George F. Easterday</u>		Date <u>2/28/2007</u>		
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 5 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 20		
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"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN				
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)				
37 CABLE REVERSE-ROTARY Drive-POINT				
other				
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				
39 <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 DEEPEMED 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 <u>1402006G011</u>				
PERMIT No. <u>140-95-1121</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY <u>Howard</u> 21C#	
23 SUBDIVISION <u>Terrapin Creek</u> 42	
SECTION <u>44</u> 46 LOT <u>21</u> 50	
52 NEAREST TOWN <u>West Friendship</u> 71	
MILES FROM TOWN (enter 0 if in town) <u>1</u> M 73 76 77 78	
B 4	
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
DISTANCE FROM ROAD ENTER FT OR MI <u>25</u> 34 37 38 39	
TAX MAP: <u>15</u> BLK: <u>5</u> PARCEL <u>12</u>	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<u>Howard</u> (13) <u>14520108</u>	
COUNTY NAME COUNTY NO.	
STATE SIGNATURE _____ INSERT S →	
DATE ISSUED <u>4/30/08</u> 41	
CO SIGNATURE <u>Pin Wall</u> EXP. DATE <u>4/30/08</u>	
NORTH GRID <u>539</u> 000 55 EAST GRID <u>0813</u> 000 63	
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
SOURCES OF DRILLING WATER	
1. wells	
2.	
3.	
WRITE THE BOX NUMBER FROM THE MAP HERE	
E <u>810</u> 3	
N <u>539</u> 9	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

Review

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST.

Maryland Well Permit No. HO-95-1121

Election District

Location of Property (road) TERRAPIN CREEK DRIVE

Subdivision TERRAPIN CREEK Lot 21 Block Plat Sec.

Well Driller **EASTERDAY**

Owner LEE DEVELOPMENT

Depth of Well 400 62m

Distance of Measuring Point (M.P.) above ground

Static Water Level (S.W.L.) below M.P. 39'8"

I. High Rate Pumping -- reservoir drawdown

Time pump started 1230

Pumping rate 20 GPM

Total time	to reach pumping water level	ft. below M.P.
------------	------------------------------	----------------

II. Recovery pump test data - observations to be recorded every 15 minutes.

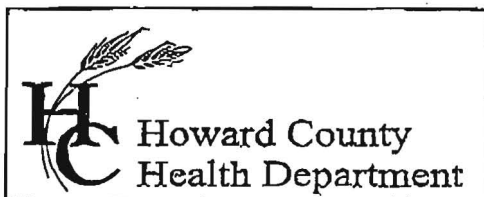
[illegible]

Well Permit No. HO - 95-1121
Location of property (road) Terrapin Creek Dr.
Subdivision Terrapin Creek Lot 21 Block Plat Sec.
Well Driller Easterday Owner

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]



7178 Columbia Gateway Drive, Columbia, MD 21046

(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:

Well Site Location: Pres A
TERRAPIN Creek 1-22 TERRAPIN Creek Drive & MILD COURT
Subdivision/Property Name Lot# Road Name

- ☒ The well site has been staked by YAN MAR ASSOCIATES INC
(professional land surveyor or company employing professional land surveyors)
on 3-9-07 (date) and does not require a site inspection.

No later than

- ☐ 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.

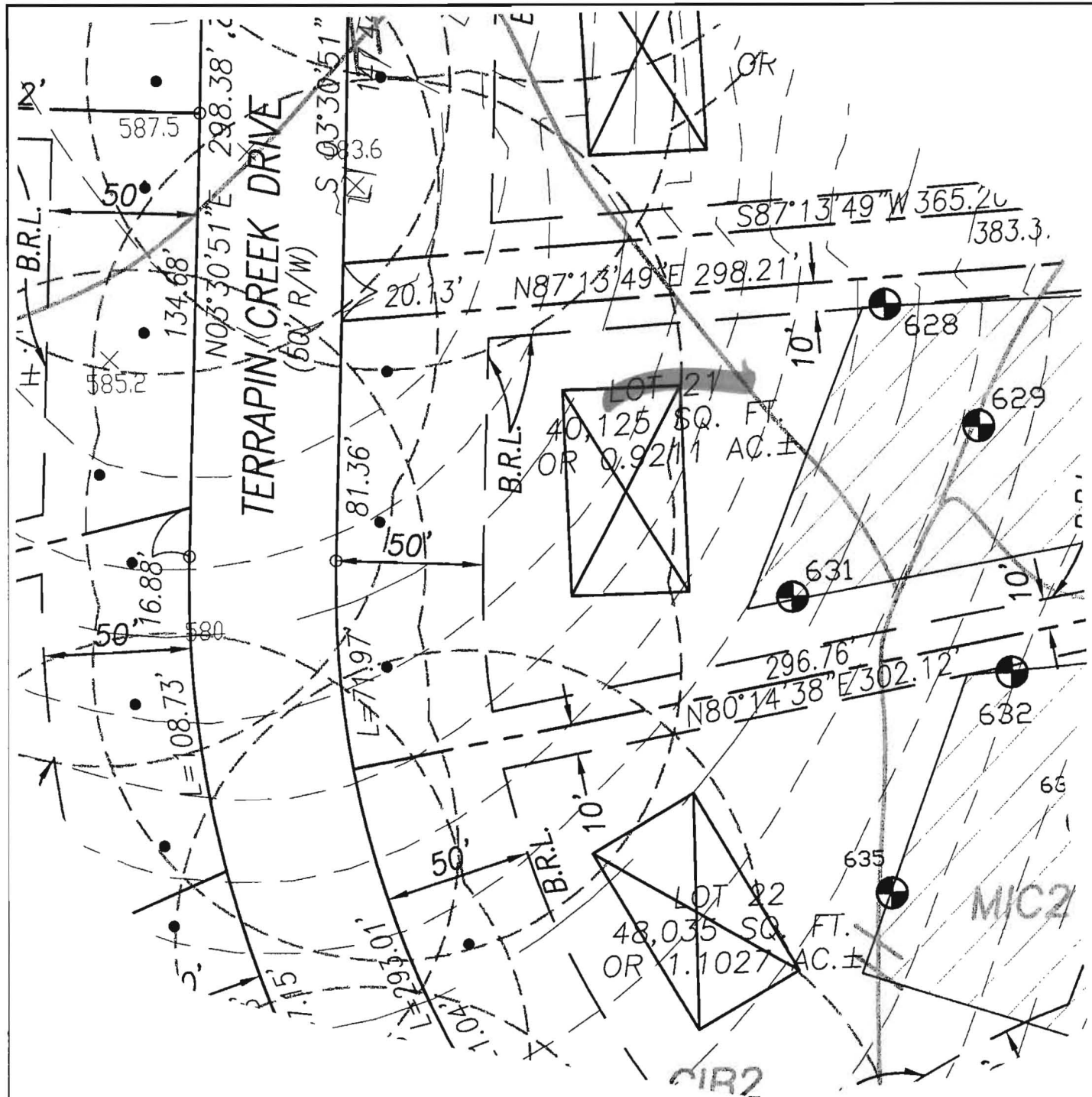
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

LEE DEVELOPMENT GROUP

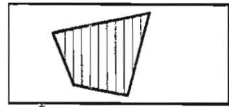
Ysabe

Shewale Farm



5/3/04

*Wells sealed
by VanMar
(1249)*



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

(PASSED) PERCOLATION TEST SITE:

(FAILED) PERCOLATION TEST SITE:

EXISTING WELL:

PROPOSED HOUSE SITE:

PROPOSED WELL SITE:

WELL SITE PLAN LOT 21 TERRAPIN CREEK (FORMERLY SCHWABE FARM)

PART OF THE LANDS CONVEYED TO LDG, INC. BY DEED RECORDED IN
LIBER 1988 AT FOLIO 258

TAX MAP: 15; GRID: 4 & 5; PARCELS: 12 & 43
SITUATED ON SYKESVILLE AND LIVESTOCK ROAD
ELECTION DISTRICT No. 3, HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' APRIL, 2007

101 104 6

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)343-2640 FAX: (410)313-2648
213-1771**

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: ATLANTIC BLUE Telephone #: 410-840-8112
Address: 1802 BALTIMORE BLVD.
WRT-MIDSHR, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARK MANN License# 103797

*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: WYNNE HORNES Telephone #: 410-447-2211
Subdivision: TERROD CREEK Lot #: 21 Well Tag #: HO-95-1121 (C)
Site Address: 200 TERROD CREEK RD.
SYRACUSE, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>J. MOSS</u>	Make: <u>TYMOC II</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>20334-7W</u>	Model#: <u></u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		Conduit secured to well cap: <u>✓</u>

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>PIV</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>✓</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.

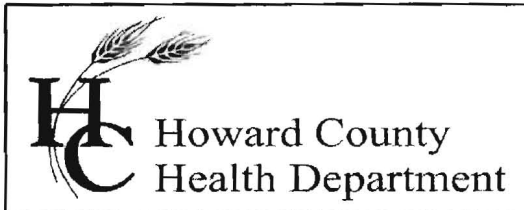
Signature of company representative responsible for installation: [Signature] date: 4/10/17

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

Date Insp. Requested: <u>04/13/2017</u>	Date Insp. Approved: <u>04/13/2017</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u> 42" 04/13/2017 (C)
Two piece cap installed and attached to casing securely	<u>✓</u> 26" 04/13/2017 (C)
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u> 20" 04/13/2017 (C)
Safety rope installed inside of well casing	<u>✓</u> 19" 04/13/2017 (C)
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

HD-215 (Rev. 8/00) 04/13/2017 (C)

2" CRESLINE Co extruded Cellular Core PVC DWV IPS SCH 40
Series XSF(12) DWV ASTM F 891-10 PPFA 01172513 M4X 0012
ATLANTIC BLUE 4108574670 01/08/2013 12:34
FOR DRAIN WASTE AND VENT ONLY



Bureau of Environmental Health

8930 Stanford Blvd., 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 1, 2017

September 1, 2017

Homeowner
2010 Terrapin Creek Road
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 21
2010 Terrapin Creek Road
Building Permit: B17000254
Well Permit: HO-95-1121**

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 **8/31/2017**. Final approval of the well line connection to the dwelling was granted on **4/13/2017**. The well construction was completed on **9/11/2007**. Water samples were collected on **8/14/2017**.

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. 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-95-1121. 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. Along with submission of a second bacteriological test, turbidity and Iron must also be tested pre and post treatment. **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 Maryland certified water 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" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", written over a horizontal line.

Kevin M. Wolf, L.E.H.S., REHS/RS, 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 Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

September 19, 2017

Catonsville Homes
11175 Stratfield Court
Marriottsville, MD 21104

Re: 2010 Terrapin Creek Road water samples

Dear Catonsville Homes,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 9.23 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 20 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 179 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report To:

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received


E18000930002
Received: 09/01/2017
Metals HO-95-1121

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-95-1121 Site Name: Terrapin Creek - Lot 21 County: Howard

Sample Source: 2010 Terrapin Creek Rd. Sykesville Collector: S. Collins
Street Town or City Name

Date Collected: 8 / 31 / 2017 Time Collected: _____ a.m. 1:15 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ¹⁵⁷ 09-01-17 ☐ Central Lab
Preservative Used: ☒ HNO₃ _____ mL pH: < 2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☐ ☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Sample collected from kitchen sink - no treatment

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SHS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

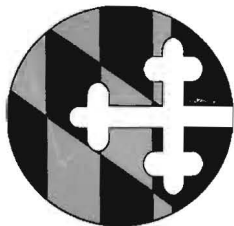
Date Reported: ____/____/____

• Phone: (443) 681-3857

• Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18000930 Date Coll.: 08/31/2017 Date Received: 09/01/2017 Submitted By: Collins

Field ID: HO-95-1121
Lab No.: E18000930002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.23	ppm	09/08/2017

Comments:

Approved by: Yungtao Chen

Approval date: 09/13/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18000921 Date Coll. 08/31/2017 Date Received 09/01/2017 Submitted By:S. Collins

Field ID: HO-95-1121
Lab No.: E18000921002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	20	mg/L	09/01/2017
Total Dissolved Solids	SM 2540C	179	mg/L	09/01/2017

Comments:

Approved by:

Approval date: 09/07/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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REPORT OF ANALYSIS

Laboratory ID #: 116404 Account #: 1045
Reference: Catonsville Homes Lot 21 Company: Atlantic Blue Water Services
Location: 2010 Terrapin Creek Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/14/2017 1056 Site: Well Tank
Date/Time Rec'd: 8/14/2017 1304 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: K. Sweeney 6526KS Well #: HO-95-1121

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM20 9223	8/15/2017 / 0800 / CRS
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM20 9223	8/15/2017 / 0800 / CRS
Nitrate	8.45 ✓	mg/L	10	601	8/14/2017 / 1600 / CCH
Turbidity	2.26 -	NTU	<10	SM20 2130B	8/14/2017 / 1630 / CRS
Sand	NS '✓	mg/L	5	Visual/Gravimetric	8/14/2017 / 1630 / CRS

*OL***NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 pH tested on site, chlorine tested in lab
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B17000254

Date Reported: 8/15/2017