

C1-5094

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.

COUNTY NUMBER

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DO YY

DATE WELL COMPLETED MM DO YY 6/12/07

Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-95-1064

OWNER Lee Development Group Inc last name first name TOWN Lisbon STREET OR RFD Woodbine Crossing ROAD SUBDIVISION Woodbine Crossing SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, brown rocky clay, Brownish Orange rocky clay, Brown shale mica, Grayish/Green mica, blue mica, Greenish/Gray w/Quartz.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 32 NO. OF POUNDS 3200 GALLONS OF WATER 192 DEPTH OF GROUT SEAL (to nearest foot) 106

CASING RECORD

casings types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 112

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

- CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MW D 040 1 Steve F. Eastenley DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JW D 727 1 Paul E. White

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 CASING LOG INDICATOR OTHER DATA

C 3

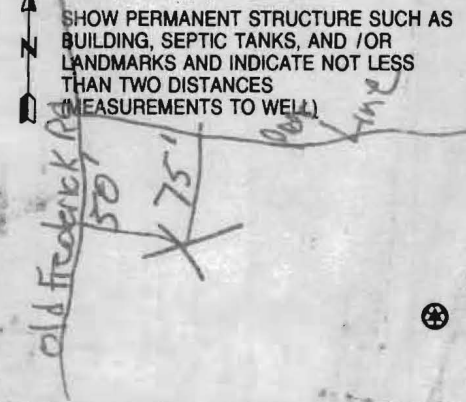
PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 4 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 17 20 ft. WHEN PUMPING 256 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above 49 below 2 (nearest foot) 50 51

LOCATION OF WELL ON LOT



B 1 3216
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526270 please type

STATE PERMIT NUMBER

HO - 95 - 1064
70 fill in this form completely 79

Date Received (APA)
3/7/07
8 MM DD YY 13

OWNER INFORMATION 10513

Lee Development Group Inc
15 Last Name Owner First Name 34
8601 Georgia Ave, Suite 200
36 Street or RFD 55
Silver Spring, Md 20910
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

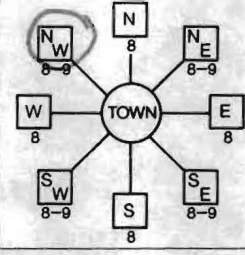
Howard
8 COUNTY 21
Woodbine Crossing
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 2/28/2007
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodbine Crossing Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH

34 75 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 2 BLK: 24 PARCEL 32

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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 520078
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 4/23/07
43 MM DD YY 48 CO SIGNATURE Kim Wall 4/23/07 EXP. DATE
NORTH GRID 552 000 EAST GRID 0779 000
50 55 57 63

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
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

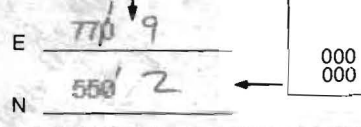
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

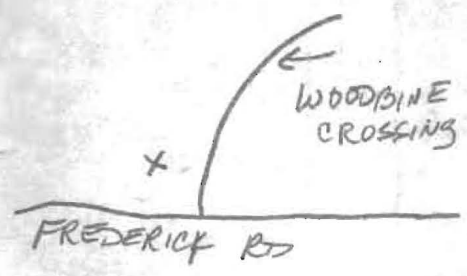
SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 3F7



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

APPROP. PERMIT NUMBER H02006G014

PERMIT No. H0-95-1064
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

100 102 6

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

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 LLC Telephone #: (410) 540-8112
Address: 1807 Baltimore Blvd
Westminster, 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 Willett License# 113797
*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: YHANNVIE HORNS Telephone #: 410 440-2211
Subdivision: WOODBINE CROSSING Lot #: 1 Well Tag #: HO-94-1164
Site Address: 713 Woodbine Crossing Rd
Ht. Arby, MD 21771 HO-95-1064

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>J-TARS</u>	Make: <u>TYMARETTI</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>705154-2W</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>28'</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 _____

Piping to house	House Connection
Type: <u>polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>70</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>YES</u>

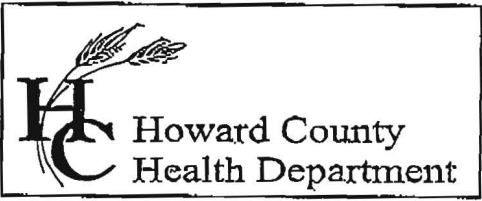
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 2/15/17

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

Date Insp. Requested: 02/21/2017 Date Insp. Approved: 02/21/2017 NOTES FROM 02/21/2017

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>44</u> ✓	<u>44"</u> below grade (u)
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	<u>24"</u> below grade (u)
Safety rope installed inside of well casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	<u>14"</u> above grade (u)
Water supply line sleeved adequately at house connection	✓	<u>7'</u> from foundation (u)
Adequate grout observed below pitless adapter	✓	



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: Parcel A
Woodbine Crossing 1-15 Woodbine Crossing Road
 Subdivision/Property Name Lot# Road Name

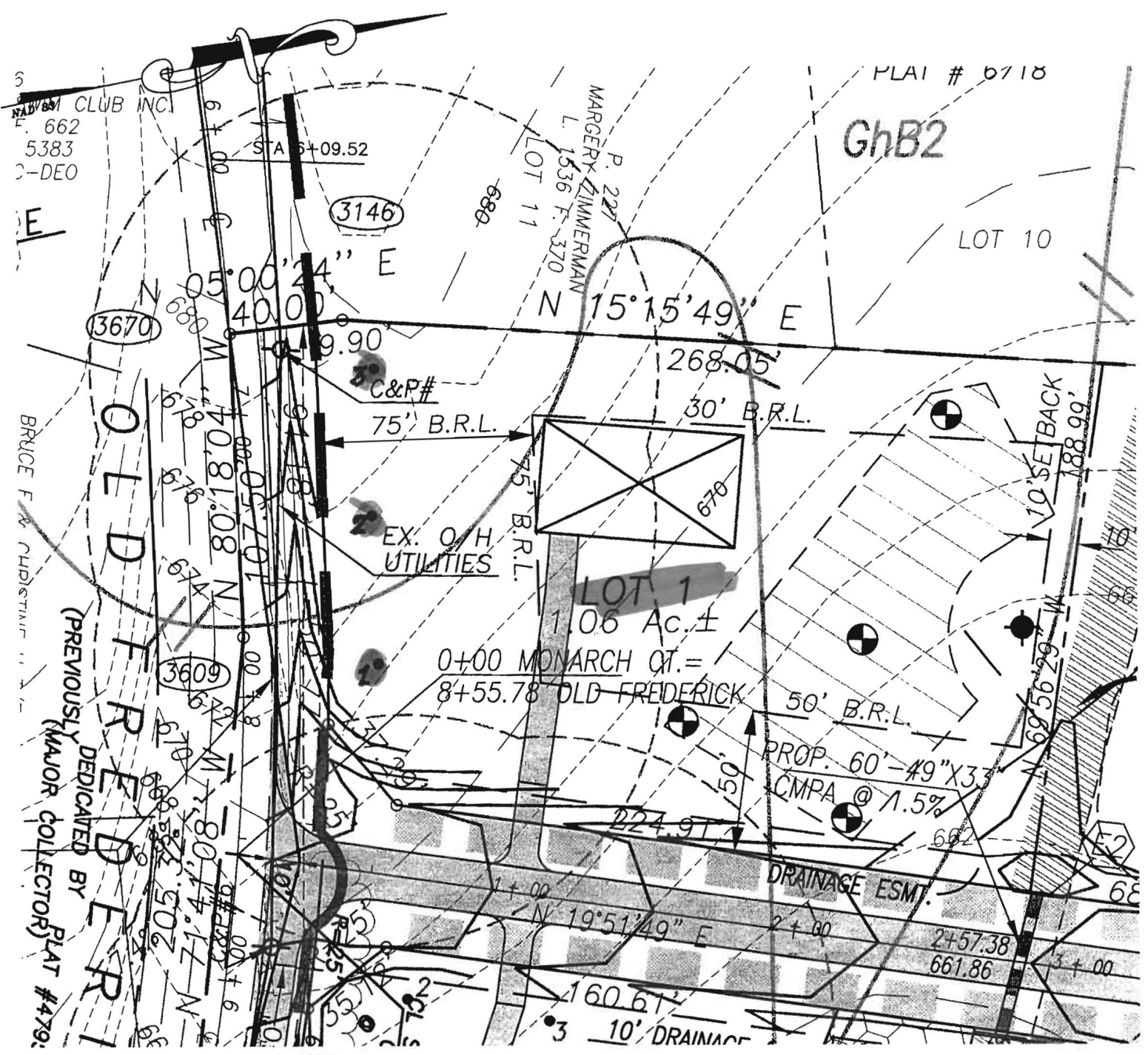
The well site has been staked by VAN MAR,
 (professional land surveyor or company employing professional land surveyors)
 on Week of 3-5-07 (date) and does not require a site inspection.

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 3/11/05






Ersteulays
 301-829-1640



4/20/07 Well sites staked
by VanMar
(KW)

 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 1 WOODBINE CROSSING (FORMERLY PATAPSCO OVERLOOK -SECTION FOUR)

PART OF LANDS CONVEYED TO LDG INC. BY DEED
RECORDED IN LIBER 1988 FOLIO 258
TAX MAP 2, GRID 24, PARCEL 32
SITUATED ON WOODBINE ROAD & OLD FREDERICK ROAD
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' APRIL, 2007



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230
410-537-3000 • 1-800-633-6101 • www.mde.maryland.gov

Larry Hogan
Governor

Ben Grumbles
Secretary

Boyd Rutherford
Lieutenant Governor

MEMORANDUM

TO: All Local Health Officers
All Local Environmental Health Directors

FROM: John A. Boris, Jr., LEHS
Geologist Program Consultant
Wastewater Permits Program

SUBJECT: Extension of Well Casing

DATE: March 26, 2015

The Department has been asked to clarify its interpretation of the scope of work allowed by licensed well drillers, water pump installers, and plumbers as referenced in Maryland law and regulation pertaining to well drilling. Of specific concern is whether a master plumber may extend well casing in order to bring a well into compliance with current regulations. After review of the legal authority, discussion with the Secretary of the Board of Well Drillers and conferring with the Office of the Attorney General, this Memorandum is issued in an effort to assure uniformity in the State-wide implementation of State law and regulation regarding the extension of a well casing. In sum, a master plumber may install a pitless adapter or a pitless unit, but may not extend well casing.

Under the Maryland Code Annotated, § 13-102 of the Environment Article, a master plumber may install or repair a water pump, a water tank, or water conditioning equipment. However, other well system equipment, including casing, must be installed by a person licensed by the Board of Well Drillers. Md. Code Ann. Envir. §§ 13-101(f), (k); 13-301(a).

Relevant definitions can be found under Code of Maryland Regulations (COMAR) , as follows:

26.04.04.02B(9) "Casing" means any metal, plastic or other pipe installed from the surface to either the bedrock or screened aquifer in the borehole.

26.04.04.02B(34) "Pitless adapter" means a device designed for attachment to the exterior of a well casing and equipped with lateral connections designed for the attachment of pipes leading from the well for purposes of conducting water to a distribution system and allowing extension of well casing above grade.

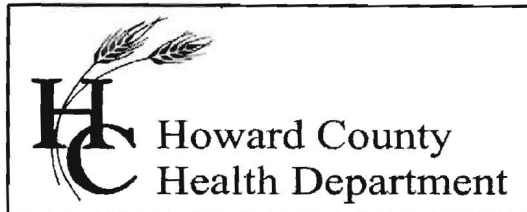
26.04.04.02B(35) "Pitless unit" means a device designed to replace a section of casing with lateral connections designed for the attachment of pipes leading from the well for the purposes of conducting water to a distribution system and allowing extension of well casing above grade.

26.05.01.02B(19) "Pump", "water pump", or "pumping equipment" means equipment or related materials used to withdraw or otherwise obtain water from a well.

A well driller or water pump installer licensed by the Board of Well Drillers may install a pitless adapter or pitless unit and may extend well casing. Since a master plumber is authorized to install a water pump, a master plumber may install a pitless adapter or a pitless unit, but may not extend casing. Note that, if installed correctly, a pitless unit will extend the upper terminal of the well above ground so no further extension of the casing is necessary. All work, regardless of licensing body, must be compliant with COMAR 26.04.04.

cc: Edwal Stone, Director Wastewater Permit Program
Jay Prager, Assistant Director, Wastewater Permits Program
Naomi Howell, Acting Program Manager, Onsite Systems Division
Willie Everett, Executive Director, Board of Well Drillers
Kristen S. DeWire, Assistant Attorney General





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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - DECEMBER 15, 2017

June 15, 2017

Homeowner
703 Woodbine Crossing Road
Woodbine, MD 21797

RE: Woodbine Crossing, Lot 1
703 Woodbine Crossing Road
Building Permit: B16005157
Well Permit: HO-95-1064

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 **4/13/2017**. Final approval of the well line connection to the dwelling was granted on **2/21/2017**. The well construction was completed on **6/12/2007**. Water samples were collected on **5/30/2017**.

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.

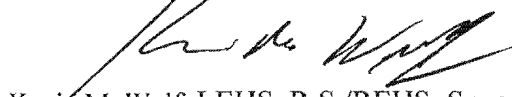
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-95-1064**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 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,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 114738 Account #: 1045
Reference: Catonsville Homes Lot 1 Company: Atlantic Blue Water Services
Location: 703 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 5/30/2017 1030 Site: Powder Room
Date/Time Rec'd: 5/30/2017 1500 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: M. Mather 3480MM Well #: HO-94-1064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/31/2017 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/31/2017 / 1030 / CCH
Nitrate	3.73	mg/L	10	601	5/31/2017 / 0945 / CRS
Turbidity	4.61	NTU	<10	SM18 2130B	5/31/2017 / 1030 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/31/2017 / 1030 / CRS

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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B160055157

Date Reported: 5/31/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 114739 Account #: 1045
Reference: Catonsville Homes Lot 1 Company: Atlantic Blue Water Services
Location: 703 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 5/30/2017 1030 Site: Powder Room
Date/Time Rec'd: 5/30/2017 1500 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: M. Mather 3480MM Well #: HO-94-1064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	4.7	mg/L	----	200.7	6/6/2017 / 1456 / TSS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sodium Detection Limit: 0.50 mg/L
- 3 Sub-contracted to Reference Lab #128
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH & Chlorine level tested on site

Reason for Test : Client's Information

Date Reported: 6/12/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

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Reference: Catonsville Homes Lot 1 Company: Atlantic Blue Water Services
Location: 703 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 5/30/2017 1030 Site: Powder Room
Date/Time Rec'd: 5/30/2017 1500 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: M. Mather 3480MM Well #: HO-94-1064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/31/2017 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/31/2017 / 1030 / CCH
Nitrate	3.73	mg/L	10	601	5/31/2017 / 0945 / CRS
Turbidity	4.61	NTU	<10	SM18 2130B	5/31/2017 / 1030 / CRS
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Reason for Test : Use & Occupancy

Building Permit # : B160055157

Date Reported: 5/31/2017

Send Report To: Bert Nixon

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

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


E17004939001
Received: 06/14/2017
Metals HO-95-1064

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-95-1064 Site Name: Woodbine Crossing - Lot 1 County: Howard

Sample Source: 703 Woodbine Crossing Rd. Woodbine Collector: S. Collins
Street Town or City Name

Date Collected: 6 / 13 / 20 17 Time Collected: _____ a.m. 12 p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL 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 hose bib.

✓	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>215</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
DHMH-Laboratories Administration
Division of Environmental Chemistry
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: E17004939 Date Coll.: 06/13/2017 Date Received 06/14/2017 Submitted By: Collins

Field ID: HO-95-1064
Lab No.: E17004939001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.20	ppm	06/15/2017

Comments:

Approved by: Sadia Muneer

Approval date: 06/19/2017

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

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State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
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Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17004936 Date Coll. 06/13/2017 Date Received 06/14/2017 Submitted By:Collins

Field ID: HO-95-1064
Lab No.: E17004936001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	06/19/2017
Total Dissolved Solids	SM 2540C	88	mg/L	06/14/2017

Comments:

Approved by:

Approval date: 06/20/2017

*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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