

C 1 08165

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 520 385 A 520 448

ST/CO USE ONLY DATE Received MM DD YY 09 28 12

DATE WELL COMPLETED MM DD YY 9 30 2012

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10/11/2012 HO 95-2373 O.K. BB 28 29 30 31 32 33 34 35 36 37

OWNER Land Marketing Consultants WELL SITE ADDRESS left name Benjamin Ct first name TOWN Clarksville SUBDIVISION Walnut Creek SECTION LOT 42

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 68 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 71

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

SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [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 M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MS D 027 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 1 2 Ho 69 240 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 22 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [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 [-] below LAND SURFACE 2 (nearest foot)

LATITUDE 39.1420 LONGITUDE 76.5658 (DEFAULT COORD. WGS 84) NOTES:

B 1	14924	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 538055 please type	STATE PERMIT NUMBER HO-95-2373 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 09/04/12

8 MM DD YY 13

15 Last Name Owner First Name 34
Land Marketing Consultants

36 Street or RFD 55
PO Box 482

57 Town 70 State 72 Zip 76
Lisbon MD 21765

B 3 LOCATION OF WELL

8 COUNTY 21
Howard
Walnut Creek

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50
42
Clarksville

52 NEAREST TOWN 71

DRILLER INFORMATION

76 Driller's Name License No. 81
Ralph Mayne M S D 112

Firm Name
Ralph Mayne Well Drilling

Address
17024 Handy Rd Mt Airy MD 21771

Signature Date
[Signature] 4/14/12

B 4 SOURCES OF DRILLING WATER

1. Well

11 STREET ADDRESS 30
BENJAMIN CT.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
210 FT
200 FT
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

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

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 A520385 A520448 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 09/12/2012 RKT 9/12/13
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 64 INCH
NEAREST INCH

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

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)

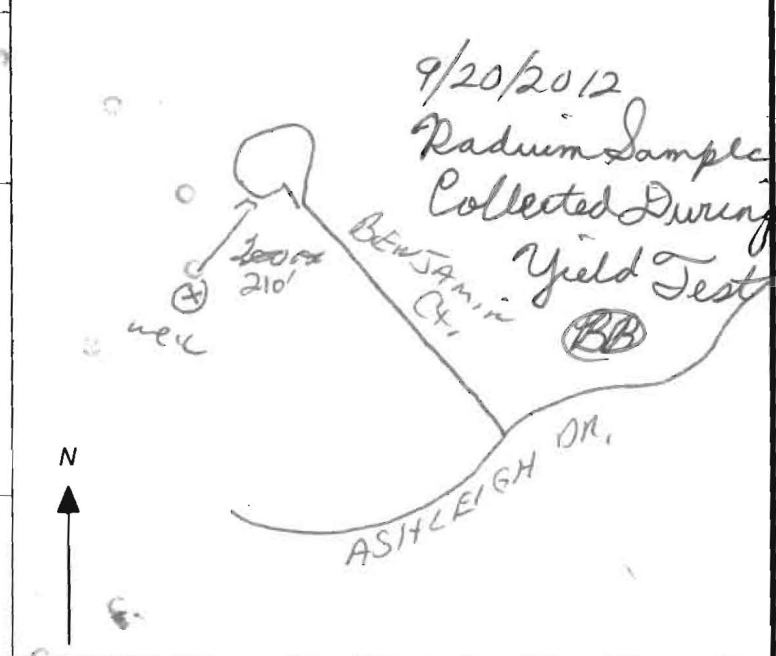
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

APPROP. PERMIT NUMBER HO 2006 G 020

PERMIT No. HO-95-2373
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Radium sample required at yield test/all wells must be at least 100' apart.

© COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: T.J. Conklin Services, Inc Telephone #: 301-432-4330
Address: 6711 Old Washington Pike
Brownsville, MD 21013

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

License # and name of individual responsible for the field installation:
Name (Print): William Griffith License #: 20185

*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: Craftmark Homes Telephone #: 703-932-0570
Subdivision: Walnut Creek Lot #: 92 Wall Tag #: HO-95-2373 ✓
Site Address: 6119 Hyatt Laurel Ct
Ellicott City, Md 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Stalco</u>	Make: <u>American Gruby</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>SP4450522</u>	Model #: <u>PT 100</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36'</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>240</u> (fsst)	Conduit secured to well cap: <u>Y</u>	

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (3' minimum from foundation): <u>20ft</u>
Depth of supply line: <u>36'</u> (36" min)	Sleeve sealed properly: <u>Y</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: William E Griffith date: 4.4.2017

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

Date Insp. Requested: 4/5/2017 Date Insp. Approved: 04/20/2017 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	43"	4/5/2017 <u>[Signature]</u>
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"/>	46"	4/5/2017 <u>[Signature]</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	25"	4/5/2017 <u>[Signature]</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>		
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>		

4/20/2017 need to see House 4/6/17 connection [Signature]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2373
 Location of property (road) Benjamin Ct
 Subdivision Walnut Creek Lot 42 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Land Marketing Consultants

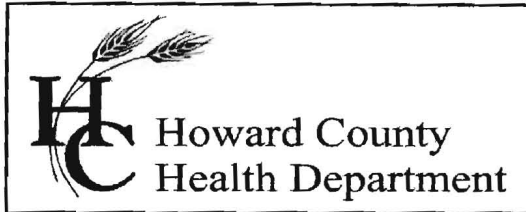
Depth of well 240'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20gpm
 Total time 15min to reach pumping water level 22 ft. Below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	22'	3sec	N/A	20gpm
7:15	22'	3		20
7:30	22	3		20
7:45	22'	3		20
8:00	22	3		20
8:15	22	3		20
8:30	22	3		20
8:45	22	3		20
9:00	22'	3		20
9:15	22	3		20
9:30	22	3		20
9:45	22	3		20
10:00	22'	3		20



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 20, 2017

June 20, 2017

Homeowner
5119 Honey Locust Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 42
5119 Honey Locust Court
Building Permit: B16005393
Well Permit: HO-95-2373

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 **6/20/2017**. Final approval of the well line connection to the dwelling was granted on **4/20/2017**. The well construction was completed on **9/20/2012**. Water samples were collected on **6/9/2017, 6/16/2017**.

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.

Gross Alpha and Beta samples were also collected on **9/20/2012**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and Gross Beta level of **4.0 ± 0.0 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-95-2373. 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>

Approving Authority,



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

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



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

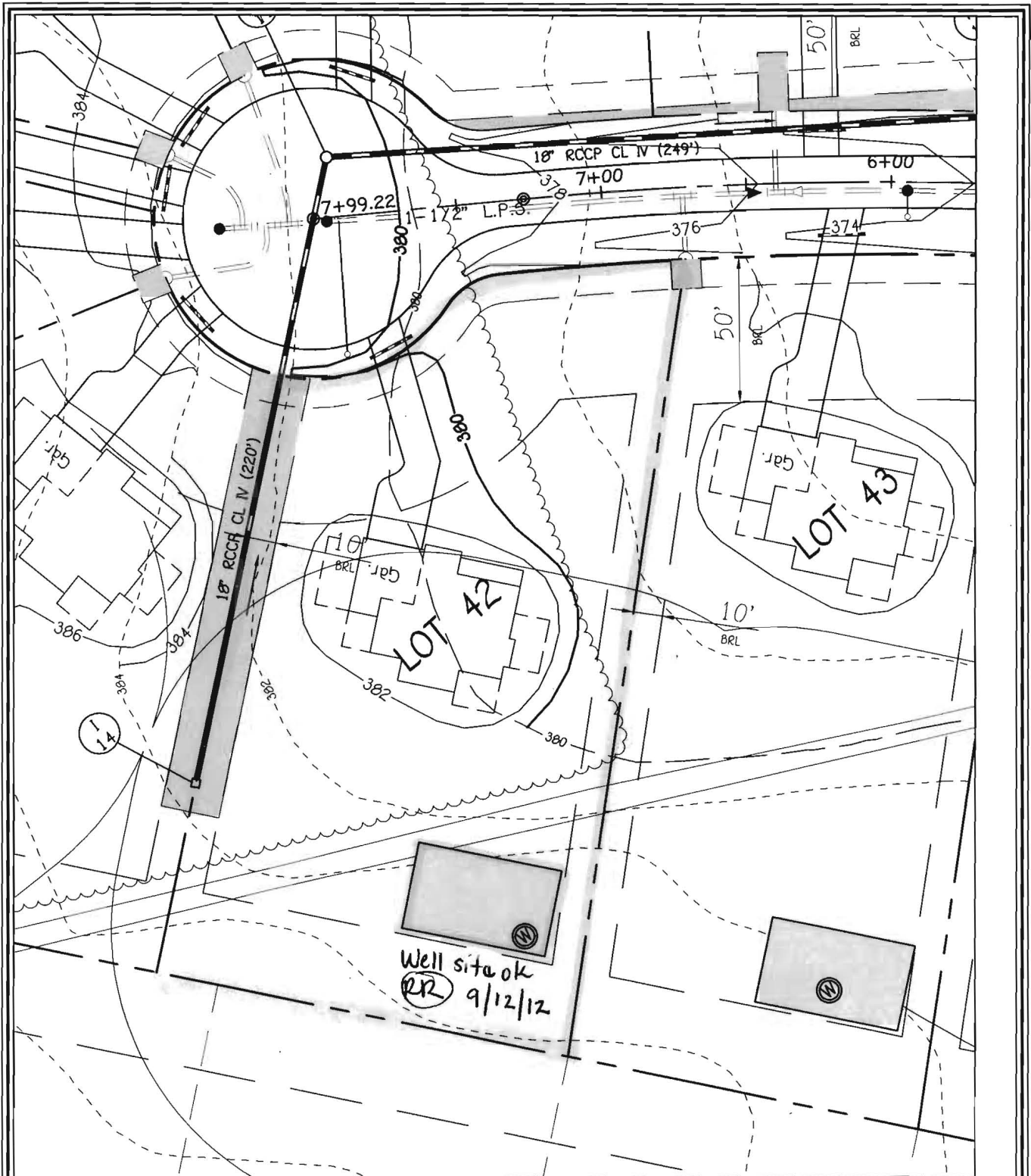
Walnut Creek	42	Benjamins Court
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

The well site has been staked by Fisher, Collins, and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 04/22/12 (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 3/11/07



Well site ok
 RR 9/12/12

WELL LOCATION INFORMATION:

NORTHING = 572,606.79 EASTING = 1,326,670.90
 LATITUDE = N39°14'20" LONGITUDE = W76°56'58"

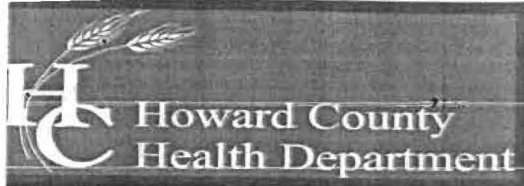
FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

LOT 42 WELL MAP
WALNUT CREEK
PHASE TWO

Lots 23 - 68, Non-Buildable Preservation Parcels
 'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
 & Non-Buildable Parcel 'J'

ZONED: RC-DEO & RR-DEO

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: AUGUST 30, 2012 SCALE: 1"=50'



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Acting Health Officer

January 3, 2013

Bassler Venture
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 42
Benjamin's Court
Well Tag: HO - 95 - 2373

Dear Mr. Feaga:

A sample was collected during a yield test on September 20, 2012 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 $< 4.0 \pm 0.0$ 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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

Send Report To: Bert Nixon
Howard Co. Env. Health
7178 Columbia Gateway Dr.
Columbia, MD 21046

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 John M. DeBoy, Dr. P. H., Director

E000619 2012

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952373BB No. B: _____ Field Blank Bottle No. 1: 2373A No B: _____

Plant/Site Name: Walnut Creek - Lot 42 County: Howard

Sample Source: Benjamins Ct. Location: H0-95-2373
 (well no, lab sink, sample tap, etc.)

County: B Plant No.

CHECK (one per box)

Drinking Water
 Landfill
 Stream
 Other

Community
 Non-community
 Private
 Other

Source (raw water)
 Distribution (treated)
 MCL

Emergency
 Routine
 Recheck
 Special

Collector: B. Baker

Telephone No.: (410) 313-2613

Date Collected: 9/20/2012
cont

Time Collected: 9:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0619	<2.0	09/21/12	09/24/12
✓	Gross Beta	4100	0619	<4.0		
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 09/20/12

Supervisor: [Signature]

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

Send Report To: Bert Nixon
Howard Co. Env. Health
7178 Columbia Gateway
Columbia, MD 21046

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 John M. DeBoy, Dr. P. H., Director

Field
Blank

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952373BB No. B: _____ Field Blank Bottle No. 1: 2373A No B: _____

Plant/Site Name: Walnut Creek - Lot 42 County: Howard

Sample Source: Benjamins Ct. Location: HO-95-2373
(well no, lab sink, sample tap, etc.)

County: 7 3 Plant No.

CHECK (one per box)

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

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

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Collector: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 9/20/2012

Time Collected: 9:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____ pH _____ Chlorine

Remarks: Field Blank

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
	Gross Alpha	4000	0618	< 2.0	09/21/12	09/24/12
	Gross Beta	4100	0618	< 4.0	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 09/20/12

Supervisor: [Signature]

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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

REVISED
 4/2/17 (13)

Acct. No. 3948 - 1821-1

Field Record

Site visit performed on: Friday, June 09, 2017 11:15 AM
 by: Steve Wolfe State ID No. 8587SW
 Affiliation: Tri-County Pump Services
 Property Owner: Craftmark
 Project: Lot 42
 Property Address: 5119 Honey Locust Ct.
 Ellicott City, MD 21042
 Sample Source: 1st Floor Half Bath Vanity
 Treatment Devices Noted: No Treatment Devices
 Sample taken after treatment: No
 Well No.: HO-95-2373
 Field pH: 7.5
 Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 6/9/2017 1:26 PM

Bacteriological results:

		Start		End		Method	Analyst
Total Colif. (/100ml)	E.coli.(/100ml)	Date	Time	Date	Time		
7.5	<1	06/09/17	17:05	06/10/17	11:06	9223B	KB

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	4.8	mg/l	10	6/9/2017	300.0	PH
Sand	<2	mg/l	5	6/9/2017	0.065mmFilter	KB/J
Turbidity	0.4	NTU'	10	6/9/2017	180.1	KB

Reported by: Cristy Phelps 6/19/17
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1821-2

Field Record

Site visit performed on: Friday, June 16, 2017 1:00 PM
 by: Kevin Kretzer State ID No. 1511KK
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark
 Project: Lot 42
 Property Address: 5119 Honey Locust Ct.
 Ellicott City, MD 21042
 Sample Source: 1st Floor Powder Room Sink
 Well No.: HO-95-2373
 Field pH: 7.5
 Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 6/16/2017 2:02 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	06/16/17	14:50	06/17/17	12:28	9223B	KMW

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Reported by: Cristy Phelps 6/19/17
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

Tri-County Pump Service Inc.
 6711 Old National Pike
 Boonsboro, MD 21713
 Office 301-432-0330
 Fax 301-432-1988



Date: 4/4/2017 Pages incl. cover 2
 Fax: 410-313-2648
 Attn: Howard County Health Department
 From: Daniel

Take down for well pump installation

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