

C 1		3172		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		ST/CO USE ONLY DATE Received 03 20 08		DATE WELL COMPLETED MM DD YY 3 17 2008		Depth of Well 22 160 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 16-95-1538	
OWNER Greenfield Homes Inc		STREET OR RFD Philadelphia Rd		TOWN West Friendship		SUBDIVISION The Woods at Philadelphia		SECTION LOT 4	
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 <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 27 NO. OF POUNDS 2538 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 110 ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 92 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		C 3			
Sand		0 138		✓					
Gray Mica rock		138 160		✓					
Casing types insert appropriate code below		Casing Record S T C O STEEL CONCRETE P L O T PLASTIC OTHER MAIN CASING TYPE S 6 144 60 61 63 64 66 70							
OTHER CASING (if used) diameter inch depth (feet) from to									
screen type or open hole (insert appropriate code below)		SCREEN RECORD S T B R H O STEEL BRASS BRONZE OPEN HOLE P L O T PLASTIC OTHER							
NUMBER OF UNSUCCESSFUL WELLS: 0		C 2		DEPTH (nearest ft.)					
WELL HYDROFRACTURED yes Y no N		1 2		140 160					
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		A C H S R E E N		8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51					
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.		SLOT SIZE 1 2 3							
DRILLERS LIC. NO. 1 M SD 024		DIAMETER OF SCREEN (NEAREST INCH)		56 60					
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		from to							
LIC. NO. 1 D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		68					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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							
		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	1027	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528459 please type	STATE PERMIT NUMBER HO-95-1538 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		76 License No.		81
Firm Name				
Address				
Signature		Date		
B 2	WELL INFORMATION			
1	APPROX. PUMPING RATE (GAL. PER MIN.)		12	
2	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A523796</u> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>2/4/2008</u> CO SIGNATURE <u>Brian Baker</u> EXP. DATE <u>2/4/2009</u> NORTH GRID <u>527</u> 000 EAST GRID <u>816</u> 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		NEAREST TOWN		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		NEAREST TOWN		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
30	AIR-ROTary	AIR-PERcussion	ROTARY (Hydraulic Rotary)	
37	CABLE	REVerse-ROTary	Drive-POINT	
other _____				
REPLACEMENT OR DEEPEENED 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 checked="" 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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO-95-1538</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Radium Sample Needed During Yield Test</u>				

B 3	LOCATION OF WELL			
8 COUNTY		21		
23 SUBDIVISION		42		
SECTION		LOT		4
44 46		48 50		
52 NEAREST TOWN		71		
MILES FROM TOWN (enter 0 if in town) <u>4 1/2</u> M I				
73 76 77 78				
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
11 NEAR WHAT ROAD		30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST				
34 DISTANCE FROM ROAD		37		
ENTER FT OR MI		38 39		
TAX MAP: <u>22</u>		BLK: <u>5+6</u>		PARCEL <u>528</u>

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		-140' casing - OH 138' 3/17/08 Sample collected @ Yield.
SOURCES OF DRILLING WATER		
1. well 2. 3.		
WRITE THE BOX NUMBER FROM THE MAP HERE		
E <u>816</u> N <u>526</u>		
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		

144 Casm

Well Permit No. HO - 95-1538
Location of property (road) Breadelphia Rd
Subdivision The Woods at Breadelphia Lot 4 Block Plat Sec.
Well Driller Joseph Mayne Owner Greenfield Farms Inc

Depth of well 150'
Distance of measuring point (M.P.) above ground 4'
Static water level (S.W.L.) below M.P. 36'

- Time pump started 10:15 Pumping rate 20 gpm.
Total time 15 min to reach pumping water level 92 ft. below M.P.

- [illegible]

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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

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

Name (Print): Russel C. George License# PI0148

***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: Envision Builders, LLC Telephone #:
Subdivision: Woods At Triadelphia Lot #: 4 Well Tag #: HO - 95 - 1538
Site Address: 12502 Triadelphia Road
Ellicott City, MD 21042

Submersible Pump Data

Make: Schaefer
Model #: 5SR05S4-2W230
Pump Capacity 5 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 160 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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

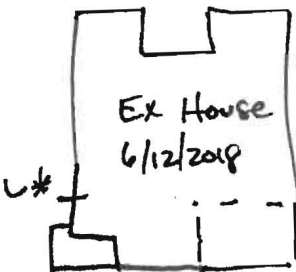
Russell C. George 6/11/18
Signature of company representative responsible for installation date

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

Date Insp. Requested: 06/12/2018 Date Insp. Approved: 06/12/2018 Inspector: ✓

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

36" 6/12/2018 (2)
21" 6/12/2018 (2)
22" 6/12/2018 (2)
9' 6/12/2018 (2)



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 3, 2019

August 3, 2018

Homeowner
12502 Triadelphia Road
Ellicott City, MD 21042

**RE: The Woods @ Triadelphia, Lot 4
12502 Triadelphia Road
Building Permit: B17003006
Well Permit: HO-95-1538**

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 **7/25/2018**. Final approval of the well line connection to the dwelling was granted on **6/12/2018**. The well construction was completed on **3/17/2008**. Water samples were collected on **7/23/2018, 7/26/2018, 8/1/2018**.

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-95-1538. 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

MID 8

Easement
10,000 sf

490

94.53'

10' BRL

Check
Dam 12

237.16'

10' BRL

FF: 477.5
B: 467.5

LOT 4
50,827 sf

Prop. Septic
Easement
10,000 sf

Check
Dam 10 Dam 11
44' Private Use-In-Common
Access Drainage/Stormwater
Management & Utility
Easement for Lots 2, 3, 4 #
Buildable Preservation Parcel
"A"

10' BRL

10' BRL

Check
Dam 8

30' BRL

FF: 459.0
B: 449.0

LOT 3
49,076 sf

Prop. Septic
Easement
10,000 sf

Check
Dam 7

440

ECM

10' BRL

305.52

Check
Dam 5

28.95'

ECM

FF: 449.0
B: 439.0

LOT 2
51,635 sf

Prop. Septic
Easement
10,000 sf

Check
Dam 4

30' BRL

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ST-16

89.40'

10' BRL

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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 #:	123542	Account #:	1920
Reference:	Triadelphia Woods	Company:	Robert L Feezer Co- New Homes
Location:	12502 Triadelphia Road	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	7/23/2018 1205	Site:	Pressure Tank
Date/Time Rec'd:	7/23/2018 1313	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	G. Lana 3799GL	Well #:	HO-95-1538

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/24/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/24/2018 / 1000 / RER
Nitrate	<1.0	mg/L	10	601	7/24/2018 / 0900 / RER
Turbidity	42.6	NTU	<10	SM20 2130B	7/24/2018 / 0915 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	7/24/2018 / 0915 / RER

NOTES

- 1 ** Sediment Filter bypassed at time of sample collection
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 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 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 17003006

Date Reported: 7/24/2018

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 #:	123635	Account #:	1920
Reference:	Triadelphia Woods	Company:	Robert L Feezer Co- New Homes
Location:	12502 Triadelphia Road	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	7/26/2018 1430	Site:	Kitchen Sink
Date/Time Rec'd:	7/26/2018 1537	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	G. Lana 3799GL	Well #:	HO-95-1538

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	37.0	NTU	<10	SM20 2130B	7/26/2018 / 1610 / RER

NOTES

- 1 **Sediment Filter bypassed at time of sampling.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** 17003006Date Reported: 7/26/2018

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 #:	123794	Account #:	1920
Reference:	Triadelphia Woods	Company:	Robert L Feezer Co- New Homes
Location:	12502 Triadelphia Road	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/1/2018 1245	Site:	Pressure Tank
Date/Time Rec'd:	8/1/2018 1505	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	J. Yeager 6176JY	Well #:	HO-95-1538

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	60.9	NTU	<10	SM20 2130B	8/2/2018 / 0910 / CRS
Iron	7.30	mg/L	0.3*	FR, 45 (126)	8/2/2018 / 1200 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 pH & Chlorine level tested on site
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 **Sample collected prior to Neutralizer/Softener/Sediment Filter

Reason for Test : Use & Occupancy

Building Permit # : 17003006

Date Reported: 8/2/2018

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 #:	123793	Account #:	1920
Reference:	Triadelphia Woods	Company:	Robert L Feezer Co- New Homes
Location:	12502 Triadelphia Road	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/1/2018 1250	Site:	Sample Port prior to Softener
Date/Time Rec'd:	8/1/2018 1505	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	8.4
Collected By:	J. Yeager 6176JY	Well #:	HO-95-1538

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	58.4	NTU	<10	SM20 2130B	8/2/2018 / 0910 / CRS
Iron	7.10	mg/L	0.3*	FR, 45 (126)	8/2/2018 / 1200 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 pH & chlorine tested on site
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 **Sample collected after Neutralizer, prior to Softener/Sediment Filter

Reason for Test : Use & Occupancy
Building Permit # : 17003006

Date Reported: 8/2/2018

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 #:	123792	Account #:	1920
Reference:	Triadelphia Woods	Company:	Robert L. Feezer Co- New Homes
Location:	12502 Triadelphia Road	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/1/2018 1255	Site:	Sample Port prior to Sediment Filter
Date/Time Rec'd:	8/1/2018 1505	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	J. Yeager 6176JY	Well #:	HO-95-1538

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.77	NTU	<10	SM20 2130B	8/2/2018 / 0910 / CRS
Iron	0.11	mg/L	0.3*	FR, 45 (126)	8/2/2018 / 1200 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 pH & chlorine tested on site
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None-Detected
- 6 Visual well check: Sealed, vented cap
- 7 **Sample collected after Neutralizer/Softener, prior to Sediment Filter

Reason for Test : Use & Occupancy
Building Permit # : 17003006

Date Reported: 8/2/2018

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 #:	123795	Account #:	1920
Reference:	Triadelphia Woods	Company:	Robert L. Feezer Co- New Homes
Location:	12502 Triadelphia Road	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/1/2018 1300	Site:	Powder Room Faucet
Date/Time Rec'd:	8/1/2018 1505	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	7.7
Collected By:	J. Yeager 6176JY	Well #:	HO-95-1538

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.01	NTU	<10	SM20 2130B	8/2/2018 / 0910 / CRS
Iron	0.10	mg/L	0.3*	FR. 45 (126)	8/2/2018 / 1200 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 pH & chlorine tested on site
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 **Sample collected after Neutralizer/Softener/Sediment Filter

Reason for Test : Use & Occupancy
Building Permit # : 17003006

Date Reported: 8/2/2018