| C 1 54188 SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. |
|---|---|---|
| 1 -20-6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | FILL IN THIS FORM COMPLETELY PLEASE TYPE | COUNTY NUMBER |
| ST/CO USE ONLY DATE Received MM DO 8 13 15 | the an hing as one | PERMIT NO. FROM "PERMIT TO DRILL WELL" 10.17 - 0.197 28 29 30 31 32 33 34 35 38 37 |
| OWNER Vauter | Ellen M, Mic. | hael AEtal |
| SUBDIVISION Vauter property | SECTION | LOT_2 |
| WELL LOG Not required for driven wells | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) | C 3 |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | TYPE OF GROUTING MATERIAL (Circle one) | PUMPING TEST HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use FEET check if water bearing | NO. OF BAGS 46 NO. OF POUNDS 45 28 | PUMPING RATE (gal. per min.) |
| Top Soil 0 2 Bonwa Silt 2 10 | GALLONS OF WATER | METHOD USED TO MEASURE PUMPING RATE Gul Bucket |
| Brown Silt 2 10 Broken grovel 10 10 | from $\frac{1}{48}$ TOP 52 ft. to $\frac{52}{54}$ BOTTOM 58 ft. | WATER LEVEL (distance from land surface) |
| Brown Silt 12 30 | (enter 0 if from surface) casing CASING RECORD | BÉFORE PUMPING 17 20 ft. |
| Greg milea 30 400- | types insert appropriate | WHEN PUMPING 147 tt. |
| Thater Ziones 62 10pm | below PL OT PLASTIC OTHER | TYPE OF PUMP USED (for test) |
| 2.50 Bpm | MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot) | C centrifugal R rotary O dher (describe |
| | <u>ST</u> <u>6</u> <u>55</u> 60 61 63 64 66 70 | J jet S submersible |
| Unsuccessful | E OTHER CASING (if used) diameter depth (feet) | |
| Well Abandonment- | H ST 10 14 | PUMP INSTALLED DRILLER INSTALLED PUMP YES NO |
| 31 bags cement | | (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION |
| up to 12 Below ground surface | screen type SCREEN RECORD | MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 |
| Backstille wir cornings | insert STEEL BRASS OPEN | IN BOX 29. CAPACITY: |
| Back filled w/ cuttings from 12' belowgrand surface to surface elevation | code BRONZE HOLE OT T | GALLONS PER MINUTE (to nearest gallon) 31 |
| | C 2 DEPTH (nearest ft.) | PUMP HORSE POWER |
| NUMBER OF UNSUCCESSFUL WELLS: | 12 Ho 52 400 | (nearest ft.) CASING HEIGHT (circle appropriate box |
| WELL HYDROFRACTURED | A 9 11 15 17 21 C 2 H | above above LAND SURFACE |
| A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED | 23 24 96 30 32 36 S 30 32 36 | _ below 3 (nearest) |
| E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL | R 38 39 41 48 47 51 E E SLOT SIZE 1 2 3 | 49 50 51 LATITUDE 3 9. 225452 |
| 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 | N DIAMETER OF SCREEN 66 60 60 | LONGITUDE 7 7. 0 0 3567 (DEFAULT COORD. WGS 84) |
| HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. | from to | Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on |
| DRILLERS LIG. NO. M. WD 572 . | GRAVEL PACK | this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You |
| DEPLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) | INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) | have the right to inspect, amend, or correct this form. The Maryland Department of the |
| LIC. NO. WRDAD64. | T (E.R.O.S.) WQ | Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sifework if different from permittee) | 70 72 TELESCOPE LOG 74 75 76 DIFFE DATA | subject to inspection or copying, in whole or in part, by the pulic and other governmental agencies, if not protected by federal or state law. |
| MDE/WMA/PER.071 | CASING INDICATOR OTHER DATA | 1 |

EMERGENCY/TEMP NO. IF ANY -11/14/17 STATE PERMIT NUMBER SEQUENCE NO STATE OF MARYLAND (MDE USE ONLY) 9 APPLICATION FOR PERMIT TO DRILL WELL - 01 01 40 please type fill in this form completely LOCATION OF WELL Date Received (APA) B 3 OWNER INFORMATION 42 SECTION 71 DRILLER INFORMATION V **B** 4 SOURCES OF DRILLING WATER 70 Triccle Johra Mil 1. grinale 2. 21704 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) -rederick 3. Add 1126 2170 W 32 E S Signature 37 SOUTH Steel B 2 WELL INFORMATION DISTANCE FROM BOAD CLY APPROX. PUMPING RATE G 18 10 ENTER FT OR MI 38 39 Carro (GAL. PER MIN.) я 12 056 C. AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) TAX MAP: 0027 BLK: _ PARCEL DOG drilling 14 20 NOT TO BE FILLED IN BY DRILLER USE FOR WATER (CIRCLE APPROPRIATE BOX) - 10 HEALTH DEPARTMENT APPROVAL 119.93 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 10/27/20 FARMING (LIVESTOCK WATERING & AGRICULTURAL F TOWAVO COUNTY NO. **IRRIGATION**) COUNTY NAME INDUSTRIAL, COMMERCIAL, DEWATERING STATE 22 SIGNATURE INSERT S PUBLIC WATER SUPPLY WELL P DATE ISSUED T TEST, OBSERVATION, MONITORING 10/10/1 0 **OPEN LOOP GEOTHERMAL** 0 11 0 201 С CLOSED LOOP GEOTHERMAL 10/2/17: 1711 2 DoG: 11/9/2017 6 PROPOSED LOCATION OF WELL ON LOT Succes 0 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, APPROXIMATE DEPTH OF WELL ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO land 1/ thoosed DISTANCE MEASUREMENTS TO WELL NEAREST APPROXIMATE DIAMETER OF WELL 277 Sephic METHOD OF DRILLING (circle one) -10 BORED (or Augered) d & DRIVEN JETTED Jeit House 14170 Triade phic Rd. 30 AIR-ROTary Ta **ROTARY (Hydraulic Rotary)** 37 CABLE **DRive-POINT** 250 other 37 TRIADEL PHIA LOD REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N 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 S NIN 200 Purstant to \$ 10-624 of the State Govt. Article of the 39 Maryland Code, personal info requested on this form D THIS WELL WILL DEEPEN AN EXISTING WELL is used in processing this form pursuant to COMAR colom 26.04.04. Failure to provide the may result in PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED collect (IF AVAILABLE) this form not being processed. You have the right to 41 52 inspect, amend, or correct this form. The Maryland Na, CA, Not to be filled in by driller (MDE OR COUNTY USE ONLY) Department of the Environment is subject to the TOS Maryland Public Information Act. This form may be made available on the Internet via MDE's website and APPROP. PERMIT NUMBER is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not -019-HO -17 PERMIT N protected by federal or State Law. 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS SEE ATTACHED MEMO * œ NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET MEEDED

② COUNTY

| Page of Date <u>11/14/2</u> | 017 | | Review _ | CABAHUG |
|--|---|---|---|---|
| | | FIELD DATA . HOWARD COUNTY WEL | | |
| Well Permit No Location of pro Subdivision Well Driller | HO - 17-01 operty (road) 1 Vauster Prov Connelly - 4 | 97 HITE Triedelp Lot Lot Vy WRO DEY Owne | hi e Mill 2 Block Plat | Sec |
| Depth o Distance Static W | f well 400 e of measuring p water level (S.W |) oint (M.P.) above gr .L.) below M.P. | round <u>3'</u> | |
| I. High rate Time pump Total tim | pumping rese o startedto | rvoir drawdown \mathcal{P} 30 reach pumping water | Pumping rateft. | below M.P. |
| II. Recovery p TIME (in 15 minute in- tervals | WATER LEVEL below M.P. | <i>PUMPING RATE</i> time to fill gallon bucket | recorded every 15 minu FLOW METER READING (if used) | tes CALCULATED FLOW (gallons per minute) |
| 11:45 | 147 | | | 2.8 |
| 12:00 | 146 | 20: | | |
| 12:15 | | 403 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | · . • | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | · | | | |
| · · | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

HD-224

| | | rilling Record | | |
|----------------------|--|----------------|------------------------|--------|
| Project Name | | Vawle. | r Property | |
| Well Designation and | Name of Concession, and Statistics of Concession, and the state of the | 14170 | Tricede lphia Rd. | Day by |
| Drilling Contrac | | <u> </u> | Connelly & Associates | · |
| Drilling Method | | | Air Rotary | |
| Boring Depth and Di | | 400 | 618 | |
| Drilling Completion | n Date | | | |
| Grout | | | Grout w/ portland ceme | nt |
| Static Water Le | | <u> </u> | | |
| | Y | ield Test | - | |
| Time | GF | °M | Water Level | |
| 7:30 | | 8 | 148 | |
| 7:45 | 2. | Z | 148 | |
| \$140 | \wedge (| 3 | 148 | |
| 8.15 | <u> </u> | 3 | 148 | |
| 8:30 | Ľ, | 88 | 148 | |
| 8:45 | 2.9 | ζ | 141 | |
| G . 00 | 2.4 | Ś. | 191 | |
| 915 | م | 8 | 146 | |
| 9.20 | 2, | 8 | 146 | |
| àius | 2. | Ý. | 1917 | |
| 10:00 | 2.1 | ĸ | 147 | |
| 70:15 | 2 | X | 147 | |
| 10:30 | Ĵ | .8 | 147 | |
| 10:45 | Ĵ. | 2 | 146 | |
| 1. og | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 18 | 146 | |
| 11:15 | A C | 8 | 147 | |
| 1133 | Д Д | Š. | 146 | |
| 11:45 | | 2.8 | 147 | |
| 12:00 | 7 |) Š | 147 | |
| 12:15 | 2 | 180 | 148 | |
| 12:30 | <u>ી</u> | 19 | 147 | |
| 12:45 |] | ,X | 147 | |
| 1.00 | 0 | 2.8 | 147 | |
| 1:15 | | 28 | 147 | |
| 19 | | 29 | 14n | |
| | | | | |
| | | | · · · · | |

pump Set 220' Draw claum From 6:45-7:30 Test pumped by

Jerry Henning

Berth (Walker level) 6:45 61' 7:00 7:15 106! Lowmping rate for draw down 10 9pm



Submersible Pump Data

Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

Well Cap and Electric Conduit

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NATIONAL WATER_____ Telephone #: ______ Address: ______

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

*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: | Telephone #: |
|-------------------------|-------------------------------------|
| Subdivision: VAWTER | Lot #: 2 Well Tag #: HO - 17 - 0197 |
| Site Address: | |

Pitless Adapter

| Make: | Make: | + | Two piece watertight cap: | |
|--|---------------------------|----------------------------|------------------------------------|--|
| Model #: | Model#: | | Screened, vented well cap: | |
| Pump Capacity | GPM Depth: | (36" min) | Cap secured to casing: | |
| Well Yield: | GPM | NSF/WSC approved: | Conduit min 18" B.G.: | |
| Depth of well encountered | at time of pump in | stallation:(feet) | Conduit secured to well cap: | |
| If pump capacity exceeds | well yield, a low wa | ter cut off switch is requ | nired by NSPC 1990 Section 17.8.4 | |
| Torque arrestors, Cable gu | ards, or other accep | stable method used- Mus | st circle one | |
| Safety rope, if used, attac | hed to brass rope | adapter or other accept | table method inside of well casing | |
| Piping to house | | House Connection | | |
| Type: PVC sleeve to undisturbed soil at wall penetration | | | | |
| $\mathbf{DGI}_{\mathbf{I}}$ (1(0 main min) | minimum from foundation). | | | |

 Type:

 PVC sleeve to undisturbed soil at wall penetration:

 PSI:
 ______(160 psi min)
 Length of sleeve(5' minimum from foundation):

 Depth of supply line:
 ______(36" min)
 Sleeve sealed properly:

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 <u>cannot</u> be accomplished, contact this office for approval prior to installation.

| Signature of company representative responsible for installation date |
|---|
| For Health Department Use Only – Not to be completed by Installer |
| Date Insp. Requested: 1211 2018 Date Insp. Approved: 12/11 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 (Revised form 10/24/2018) |
| Y KUNDER FOOTER |

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

MEMORANDUM

| RE: | SPECIAL CONDITIONS: Vawter Property Well Permits |
|-------|---|
| DATE: | October 4, 2017 |
| FROM: | Ryan Rappaport, L.E.H.S. Well and Septic Program |
| TO: | Connelly & Associates, Inc. |

There are special conditions for all three well permits associated with the Vawter Property. See specific requirements below for each lot.

<u>LOT 1</u>

- The existing well on Lot 1 must be abandoned and sealed after the establishment of the replacement well.
- The replacement well on Lot 1 must be at least 200 feet from the sewage disposal area on 14190 Triadelphia Mill Road (Tax Map 27, Parcel 52).
- The replacement well on Lot 1 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.
- The replacement well on Lot 1 will require TDS, sodium and chloride water samples during the yield test.

<u>LOT 2</u>

- The well on Lot 2 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.
- The well on Lot 2 must have casing extending to at least 24 inches above grade and shall be fitted with a flood resistant well cap.
- The well on Lot 2 will require TDS, sodium and chloride water samples during the yield test.

<u>LOT 3</u>

- The well on Lot 3 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.
- The well on Lot 3 must have casing extending to at least 24 inches above grade and shall be fitted with a flood resistant well cap.
- The well on Lot 3 will require TDS, sodium and chloride water samples during the yield test.

All drilling, grouting and yields must be called into the Health Department for inspection. Call 410-313-1771 for scheduling.

Feel free to contact me with any questions at 410-313-1781 or <u>RRappaport@howardcountymd.gov</u>.

Cc: File



Bureau of Environmental Health 8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

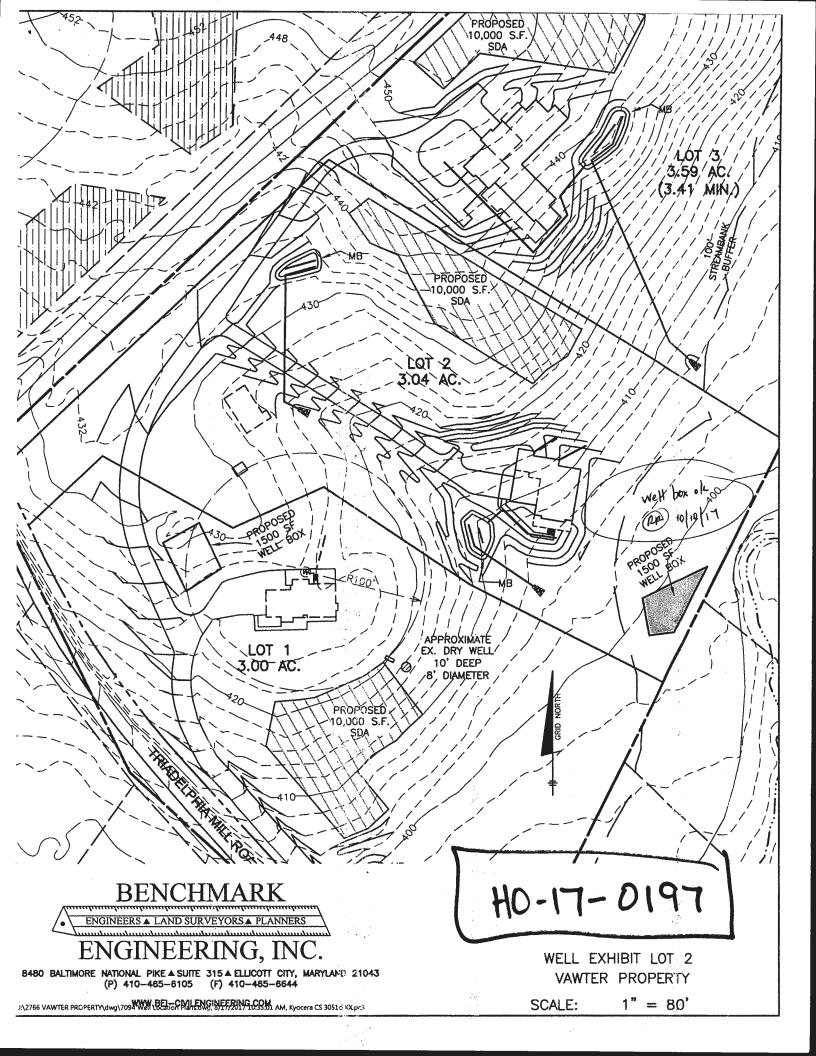
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Vawter Property Subdivision/Property/Name <u>1-3</u> Tradetphia Mil Rd Road Name The well site has been staked by Benchmark Engineering, Inc. (professional land surveyor or company employing professional land surveyors) on 9/27/17 (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.





Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – October 26, 2019

April 26, 2019

Homeowner 14174 Triadelphia Mill Road Clarksville, MD 21029

RE: Vawter Property, Lot 2 14174 Triadelphia Mill Road Building Permit: B18000794 Well Permit: HO-17-0197

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 4/23/2019. Final approval of the well line connection to the dwelling was granted on 12/11/2018. The well construction was completed on 11/09/2017. Water samples were collected on 3/26/2019, 4/15/2019 & 4/17/2019.

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-17-0197. 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



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" 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,

Hank Oswald

Hank Oswald, LEHS Well & Septic Program

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

| MARYLAND DEPARTMENT OF THE ENVIRON | MENT, WATER MANAGEMENT ADMINIS | TRATION | |
|--|--|---|--|
| 1800 Washington Blvd., Baltimo | ore, Maryland 21230 (410) 537-3784 | ***** | ******* |
| | IENT-SEALING REPORT FORM | | |
| SUBMIT COPIES OF COMPLETED FORM TO: * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA * WELL OWNER * MDE, WATER MANAGEMENT ADMINISTRATION; WELL I | OK | 2/15/201 | 7 |
| DATE WELL ABANDONED: 11/9/2017 | (month/day/year) | | - |
| * PERMIT NUMBER OF ABANDONED WELL (if any) | H0 | 17 - 01 | 197 |
| * PERMIT NUMBER OF REPLACEMENT WELL: | HO | 17 - 01 | 97 |
| * PERSON ABANDONING WELL: Samuel Connetty | | WD/MSD/M | and the second sec |
| * OWNER'S NAME: Ellen M, Michael A. Etal. Va | SITE LOC. | ATION MAP | |
| * WELLILOCATION: COUNTY: Howard NEAREST TOWN: Dayton TAX MAP 00 27 BLOCK PARCEL 0068 SUBDIVISION: Vanter Pagetty SECTION: LOT: STREET ADDRESS: 14170 Triadelphia Bd., Dayton LATITUDE 39.225388 | MO Triadelphia Rd | that a | Abundoned Location |
| LONGITUDE 7 7 . 6 0 3 5 6 6 | LOG OF SEAL | ING MATERIA | AL |
| | | F | EET |
| | MATERIAL | FROM | то |
| * TYPE OF WELL BEING ABANDONED: DRILLEDJETTED BOREDHAND DUG OTHER (specify) | Cottand Portland Neat Ceneat | 0 12 | 12 |
| * USE CODE: DOMESȚICMUNICIPAL/PUBLIC IRRIGATIONINDUSTRIAL TEST/OBSERVATIONGEOTHERMAL | | - 64 A | - ∳ - ¥ ² = 1 |
| | VOLUME OF N | MATERIAL USEI | D |
| * TYPE OF CASING:PLASTIC | 735 gal. | | |
| CONCRETE OTHER (specify) SIZE OF CASENG: INCHES IN DIAMETER DEPTH OF WELL <u>500</u> FEET DEEP WAS ANY CASING REMOVED? YES NO If yes, length removed, in feet: 15 00 10 WAS CASING RIPPED OR PERFORATED? YES NO | Pursuant to § 10-624 of th Maryland Code, personal is used in processing this 26.04.04. Failure to provi this form not being proce inspect, amend, or correc Department of the Enviro Maryland Public Informa made available on the Int is subject to inspection on by the public and other g protected by federal or St | info requested or form pursuant to ide the info may r ssed. You have th t this form. The M onment is subject tion Act. This for remet via MDE's r copying, in who overnmental ager | n this form COMAR result in the right to Maryland to the m may be website and le or in part, |
| Signature-master well driller or supervising sanitarian ' Lice | 572 (WD) MSD / MSD | IGS / | 2/1/17 B |

COUNTY

4 - 4 - 8

-19

#1

REPORT OF ANALYSIS

| Laboratory ID #: | 129241 | | | Account #: | 3123 | |
|---------------------------|--------------------|----------------|-------------|--------------|--------------------|------------------------|
| Reference: | Rivas Group | DLot 2 | | Company: | National Wate | er Servicing |
| Location: | 14174 Triad | lelphia Mill R | load | Requested By | : Dave Rycke | U U |
| | Dayton, MI | 21036 | | Source: | Well Water | |
| Date/ Time Collected | 1: 3/26/2019 | 1410 | | Site: | Pressure Tank | c |
| Date/Time Rec'd: | 3/26/2019 | 1516 | , | Treatment: | Prior to Sedin | nent Filter |
| Chlorine ppm: | Free: ND | Total | I: ND | pH: | 7.2 | |
| Collected By: | R. Ott | 4269 | RO | Well #: | HO-17-0197 | |
| PARAMETERS | | RESULTS | UNITS F | REFERENCE | METHOD I | DATE/TIME/ANALYST |
| Bacteria, Coliform, Total | , MPN | 4.2 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/27/2019 / 1015 / CRS |
| Bacteria, E. coli, MPN | | <1.0 | MPN/ 100 m | <1.0 | SM20 9223B | 3/27/2019 / 1015 / CRS |
| Nitrate | | 0.4 | mg/L | 10 | EPA 300.0 | 3/27/2019 / 2318 / SES |
| Turbidity | | 13.0 | NTU | <10 | SM20 2130B | 3/27/2019 / 1615 / RER |
| Sand | | NS | mg/L | 5 | Visual/Gravimetric | 3/26/2019 / #615 / RER |

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 Nitrate Detection Limit: 0.2 mg/L
- 4 Nitrate Sub-contracted to Reference Lab #192
- 5 NS = None Seen (NS indicates less than 5 mg/L)
- 6 NTU = Nephelometric Turbidity Units
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy Building Permit # : B18000794

Date Reported: <u>3/28/2019</u>

#2

REPORT OF ANALYSIS

| Laboratory ID #: | 129581 | | | Account #: | 3123 | | |
|--|---------------------------|------------------------|----------|--|--------------------------|------------------------|--|
| Reference: Rivas Group Lot 2 | | | Company: | | National Water Servicing | | |
| Location: | 14174 Triad Dayton, MI | elphia Mill R 21036 | load | Requested By Source: | | ce C | |
| Date/ Time Collected Date/Time Rec'd: Chlorine ppm: Collected By: | | 1225 1416 | : ND | Source: Site: Treatment: pH: Well #: | Pressure T | ank diment Filter | |
| PARAMETERS | | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST | |
| Bacteria, Coliform, Total, | MPN | <1.0 | MPN/ 100 | ml <1.0 | SM20 9223B | 4/16/2019 / 1000 / RER | |
| Bacteria, E. coli, MPN | | <1.0 | MPN/ 100 | ml <1.0 | SM20 9223B | 4/16/2019 / 1000 / RER | |
| Turbidity | | 12.9 | NTU | <10 | SM20 2130B | 4/16/2019 / 0945 / RER | |

NOTES

- 1 MPN/100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 & OccupancyBuilding Permit # :B18000794

Date Reported: <u>4/16/2019</u>

REPORT OF ANALYSIS

| Laboratorv ID #: Reference: Location: | 129605 Rivas Group Lot 2 14174 Triadelphia Mill Road Dayton, MD 21036 | | | Account #: Company: Requested By Source: | | |
|--|--|--------------|-------|---|--|------------------------|
| Date/ Time Collected Date/Time Rec'd: Chlorine ppm: Collected By: | | 1115 1335 | : ND | Source: Site: Treatment: pH: Well #: | Went wate Test Port ** 9.6 HO-17-019 | |
| PARAMETERS | | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
| Turbidity | | 4.01 | NTU | <10 | SM20 2130B | 4/18/2019 / 0820 / RER |

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 pH & chlorine tested on site
- 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 **Sample collected after Multistage Sediment Tank, prior to Sediment Filter

Reason for Test : Use & Occupancy Building Permit # : B18000794

Date Reported: <u>4/18/2019</u>

MD State Certification # 133

REPORT OF ANALYSIS

| Laboratory ID #: Reference: Location: | 129606.1 Rivas Group Lot 2 14174 Triadelphia Mill Road Dayton, MD 21036 | | | Account #: Company: Requested By: | | | |
|---|--|-------------------------|---------------|---|--|---|--|
| Date/ Time Collected Date/Time Rec'd: Chlorine ppm: | : 4/17/2019 4/17/2019 Free: ND | 1120 1335 | I: ND | Source: Site: Treatment: pH: | Well Water Pressure Ta ** 6.9 | ank | |
| Collected By: PARAMETERS Iron | B. Dutterer | 4/1/ RESULTS 0.09 | UNITS mg/L | Well #: REFERENCE 0.3* | HO-17-019 METHOD FR, 45 (126) | D7 DATE/TIME/ANALYST 4/22/2019 / 1000 / CRS | |

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 ND:None Detected
- 3 Visual well check: Sealed, vented cap
- 4 **Sample collected prior to Multistage Sediment Tank & Sediment Filter

Reason for Test :Use & OccupancyBuilding Permit # :B18000794

Date Reported: <u>4/22/2019</u>

REPORT OF ANALYSIS

| Laboratory ID #: Reference: Location: | 129606 Rivas Group I 14174 Triadel Dayton, MD | phia Mill Road | Account #: Company: Requested By: Source: | 3123 National Wate Dave Rycke Well Water | r Servicing |
|---|--|-------------------------------------|--|---|------------------------|
| Date/ Time Collected: Date/Time Rec'd: Chlorine ppm: Collected By: | 4/17/2019 4/17/2019 Free: ND B. Dutterer | 1120 1335 Total: ND 4717BD | Site: Treatment: pH: Well #: | Pressure Tank ** 6.9 HO-17-0197 | |
| Turbidity | | 3.18 NTU | <10 | SM20 2130B | 4/18/2019 / 0820 / RER |

NOTES

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

Use & Occupancy Reason for Test : B18000794 **Building Permit # :**

Date Reported: 4/18/2019

| Bur 893 | vard County Health eau of Environmer 10 Stanford Bivd. umbia, Maryland 2 | ntal Health | t TR | Division of Environmental S ACE METALS LABO 1770 Ashland Avenue Baltimore, Maryland 212 | RATORY | • | E18001 | 1956001 11/15/2017 HOJ | |
|--------------------|---|--------------------------------|--------------|---|--------------------------|-----------|---|------------------------------|---|
| CON | unibia, mai jiane - | L | AB | ORATORY ANALY | SIS REQL | JES | · · · · | ite above this line | |
| R | | 12. | | Please Print | | | | ne above uns mie | - |
| mp | le ID No: Hak | MATUA SI | te Na | ame: 40- 17- 0 | Fai | | _ County: 4 | found | |
| mp | le Source: 1417 | Triade | Oh | n Hill - Vawf | er prop. | Coll | ector: CAR | AHUG | |
| | | SUPER | | IOWH OF City | • • • | | | Name | |
| te (| Collected: | 14/2017 | Tim | ne Collected: D | _ a.m. / e.m. | Pho | one #: 410.3 | 13 264 | 3 |
| mp | le Preserved By: | □ Field | | □ ESRL | | VMR | | Central La |) |
| | | Preservative | e Use | ed: 🗗 HNO ₃ | mĿ | pl | 1: <2 | <u></u> | |
| mp | le Type: | Drinkin | g Wa | ter D.Landf | ill I .So | ource | (Raw Water) | | d |
| - | | D Commu | - | | n 🗆 Di | istrib | ution (Treated) | 🗆 Solid | • |
| | A Contraction of the second se | D M. O. | | | | han | | | |
| de | | LI Non-Co | mmu | inity 🖸 Sedim | thent \Box \Box | mer_ | | | |
| de | | Private | ommu | inity 🔄 Sedim | ient 🗆 Oi | iner_ | | -9-21 es | |
| | | D-Private | • | | | | • | | - |
| | fy Program: 🗆 S | D-Private | • | BS CWA CRC | | | • | | |
| ecif | | DWA | NPD | BS □ CWA □ RC | | nsum | er.Products [] (| Other | s |
| pecif | ty Program: 🗆 S | DWA D | NPD) Tota | BS □ CWA □ RC | RA 🗆 Cor | nsum | er.Products [] (| Other | s |
| pecif | f y Program: 🛛 S | DWA | NPD) Tota | BS □ CWA □ RC | RA 🗆 Cor | nsum | er.Products [] (| Other | s |
| pecif | ty Program: 🗆 S | DWA D | NPD) Tota | BS □ CWA □ RC | RA 🗆 Cor | nsum | er.Products [] (| Other | s |
| ecif | ty Program: 🗆 S | DWA D | NPD) Tota | BS □ CWA □ RC | RA 🗆 Cor | nsum | er.Products [] (| Other | s |
| ecif pe o ma | fy Program: Sof Sample Preparation Sample Streps: | DWA D ation: D | NPD Tota | ES CWA CRC I Metals CT Ched Chy | RA Cor Total Metals T | rcLi e | er Products Diss (field) | Other | S |
| ecif pe o ma | fy Program: Sof Sample Prepare rks: Sample Element | DWA D ation: D | NPD Tota | ES CWA CRC I Metals C Ched C G Element | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element | Other | S |
| ecif pe o ma | fy Program: Sof Sample Preparative Sof Sampl | DWA D ation: D | NPD Tota | ES CWA CRC I Metals C CLed C Element Aluminum (Al) | RA Cor Total Metals T | rcLi e | er Products Diss Cifield Element Uranium (U) | Other | S |
| ecif pe o ma | fy Program: Sof Sample Preparative rks: Jampe Element Antimony (Sb) Arsenic (As) | DWA D ation: D | NPD Tota | Element Aluminum (Al) Calcium (Ca) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) | Other | S |
| ecif pe o ma | fy Program: of Sample Preparative rks: Element Antimony (Sb) Arsenic (As) Barium (Ba) | DWA D ation: D | NPD Tota | Element Aluminum (Al) Cobalt (Co) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) | Other | S |
| ecif pe o ma | fy Program: Sof Sample Prepare rks: Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) | DWA D ation: D | NPD Tota | Element Aluminum (Al) Cobalt (Co) Copper (Cu) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) Zinc (Zn) | Other | S |
| ecif pe o ma | fy Program: Sof of Sample Prepara rks: Sample rks: Sam | DWA D ation: D | NPD Tota | Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) Zinc (Zn) | Other | S |
| ecif pe o ma | fy Program: Sof Sample Prepare rks: Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) | DWA D ation: D | NPD Tota | Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb) Magnesium (Mg) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) Zinc (Zn) | Other | S |
| ecif pe o ma | fy Program: □ S of Sample Prepara rks: Element • Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni) | DWA D ation: D | NPD Tota | Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb) Magnesium (Mg) Manganese (Mn) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) Zinc (Zn) | Other | S |
| ecif pe o ma | fy Program: □ S of Sample Prepara rks: Jamp Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni) Selenium (Se) | DWA II ation: II Lab Use | NPD Tota | ES CWA CRC Metals C C C C C C C C C C C C C C C C C C C | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) Zinc (Zn) | Other | s |
| pe o ema | fy Program: □ S of Sample Prepara rks: Element • Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni) | DWA D ation: D | NPD Tota | Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb) Magnesium (Mg) Manganese (Mn) | RA Cor Total Metals T | rcLi e | er.Products Diss (field) Element Uranium (U) Vanadium (V) Zinc (Zn) | Other | s |

SUBMITTER'S COPY

di-

DHMH 4432 (05/17)

Ē



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: E18 | 8001956 Date Coll.: 11/14/2017 | Date Received: 11/15/2017 | Submitted By: | Cabahug |
|--|--------------------------------|---------------------------|---------------|---------------|
| Field ID: HOJC0197 Lab No.: E18001956 | | | | |
| Method | Element | Result | Units | Date Analyzed |
| EPA 200.7 | Sodium | 9.78 | ppm | 11/21/2017 |
| | | | | |

Comments:

Approved by:

for Chai

Approval date: 11/22/2017

**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.

S:\EnviroFinal-Metals.rpt

| He | I Report To: State of Maryland Vard County Health Department MDH-Laboratories Administration Division of Environmental Health Division of Environmental Sciences INORGANICS ANALYTICAL LABORATORY 1770 Ashland Avenue Baltimore, Maryland 21205 Received: 11/15/2017 Inorganic HOJC0197 | New July |
|--------------------------------------|---|----------|
| S A M P L E I D | Contrest Ho.JCO197700 Name HO-17-0197107 County County County cocation Vacuater Property 107-117-0197107 County Code 4170 cocation Vacuater Property 107-117-0197107 County Code 4170 collected: Date 114/2017 Time 12:00 Collector & Joseph Consettue Submitter 1 Collected: Date 114/2017 Time 12:00 Phone 2010-030-97234 Submitter 1 Collected: Date 114/2017 Time 12:00 Phone 2010-030-97234 Submitter 1 Code Vacuater Source (raw water) Distribution (treated) Emergeacy Rostine Project 1 Code Other Other Other Project 1 Project 1 | |
| F I E L D | Plant No. Sampling Preservation: Iced Acid Acid Acid | |

| CHECK TESTS | TESTS | Error Code | RESULTS |
|---------------------------------|--------------------------|---------------|---|
| | Alkalinity (Total) | 5 | |
| - | Ammonia - N | | |
| | Chloride | | |
| | Conductance*, Spec. | | |
| | Dissolved Solids (Total) | • | |
| | Hardness | | |
| | Fluoride | | ł |
| | Nitrite, N | | |
| Nitrate - Nitrite, N Sulfate | | | |
| | | | - |
| | Total Solids | | |
| | Turbidity* | | 1 |
| Other: | | | |
| | | | |
| | | | Manufacture of the second state |
| | | | RECEIVED |
| | | | |
| | a ⁻ | | NOV 3 0 2017 |
| | | | HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM |
| | | | COMMUNITY HYGIENE PROGRAM |

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief ----

Date Reported it has a la tatt

1 4 1

MDH-90-A 07/17

SUBMITTER'S COPY



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 NoE18001959 Date Coll. 11/14/2017 Date Received 11/15/2017 Submitted By:Cabahug

| Method | Result | Units | Date Analyzed |
|--------------|--------------|------------------|-----------------------|
| SM 4500-CI E | <10 | mg/L | 11/21/2017 |
| SM 2540C | 109 | mg/L | 11/20/2017 |
| | SM 4500-CI E | SM 4500-CI E <10 | SM 4500-CI E <10 mg/L |

Comments:

| | RECEIVED |
|------------------------|---|
| | NOV 30 2017 |
| | HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM |
| Approved by: Anala and | Approval date: 11/29/2017 |

*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.

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) 767-6190 and arrange for return or destruction.