

C1 3833 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 AS16084

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 2/11/05 Depth of Well 22 260 26 6/6/05 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-4054

OWNER Winchester Homes last name first name STREET OR RFD upon Run Rd TOWN Clarksville SUBDIVISION Riverwood SECTION 1 LOT 22

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Gravel, Brown Skt, Brown Mica, Green/gray Mica, gray Mica, Quartz, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 NO. OF POUNDS 4500 GALLONS OF WATER 270 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. 30

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) 69

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 PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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

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

DRILLERS LIC. NO. 1 M W D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 728

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N. Rows for casing depth and slot size.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

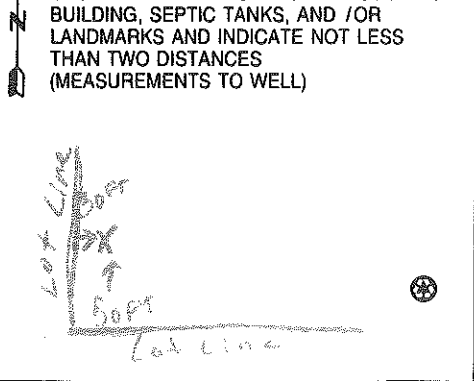
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Buchot WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 27 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 } LAND SURFACE - below } 2 (nearest foot)

LOCATION OF WELL ON LOT



B 1 9724 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO - 94 - 4054
 1 2 3 6 **APPLICATION FOR PERMIT TO DRILL WELL** 520762 please type 70 79
 fill in this form completely

Date Received (APA) 9773
 8 MM DD YY 13 **OWNER INFORMATION**
Winchester Homes, Inc
 15 Last Name Owner First Name 34
6905 Rockledge Drive, Suite 800
 36 Street or RFD 55
Bethesda, Md 20817
 57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL CG#
 8 COUNTY 21
Riverwood
 23 SUBDIVISION 42
1 SECTION 44 46 LOT 22 48 50
Clarksville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I I
 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 6/28/04
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD 30 Open Run Road
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 15 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39
 TAX MAP: 29 BLK: 4 PARCEL 20

B 2 WELL INFORMATION
 1 2 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

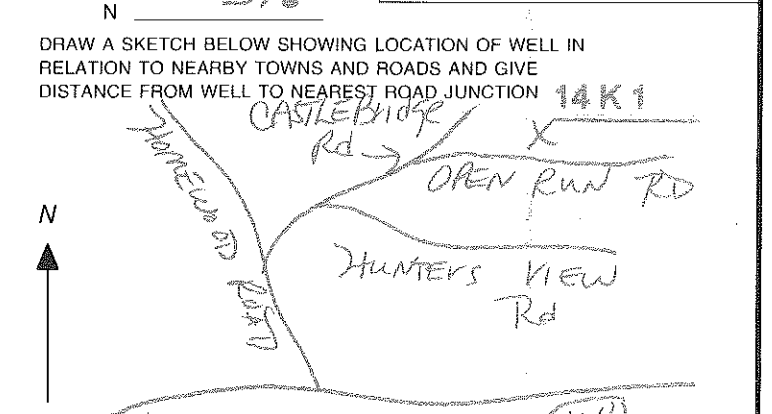
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) 9516084
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 10/27/04 (Signature) 10/27/05
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 516 000 EAST GRID 827 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2. wells
 3. wells
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 510 ↓ 827
820 ← 516
 N

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 30
 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
 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
 39 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 2004 G 007
 PERMIT No. HO - 94 - 4054
 70 71 72 73 74 75 76 77 78 79

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

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: PO BOX 138
ASHTON MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: WINCHESTER HOMES Telephone #: _____
Subdivision: KINGS WOOD Lot #: 22 Well Tag #: HO-91-4054
Site Address: 4880 CASTLE BRIDGE RD
ELICOTT CITY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRIND TOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>IS 5000 09-180</u>	Model #: <u>PA</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>210</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 <u>CRS</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

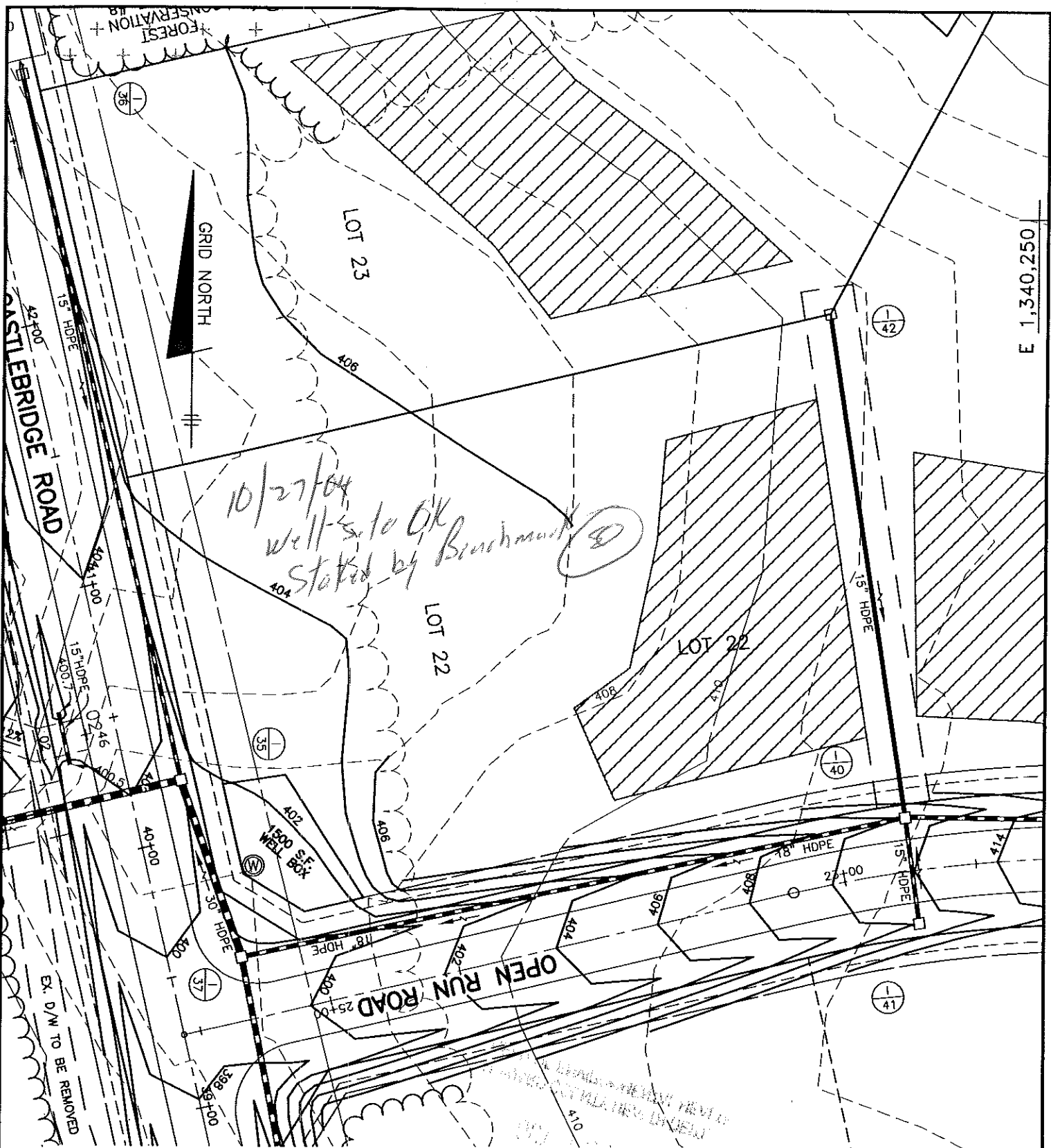
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>3'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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 8/10/11

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

Date Insp. Requested: _____ Date Insp. Approved: 7/29/11 (KW)
Inspection Data: Pitless adapter and 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 installed inside of well 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



10/27/04
 well is OK
 Staked by Benchmark

E 1,340,250

RIVERWOOD

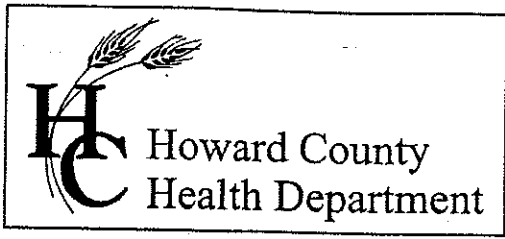
LOT 22

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 10/12/04



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one~~ of the following:

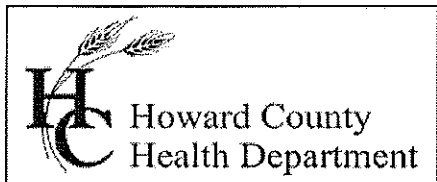
- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Winchester Homes

<u>Lots</u>	<u>1-10</u>	<u>Phase I</u>
	<u>12-23</u>	<u>Riverwood</u>
	<u>34-41</u>	

All are staked



Bureau of Environmental Health
7178 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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 12, 2012

October 12, 2011

Homeowner
4880 Castlebridge Road
Ellicott City, MD 21042

RE: Riverwood, Lot 22
4880 Castlebridge Road
Building Permit: B11001051
Well Permit: HO-94-4054

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 **10/03/2011**. Final approval of the well line connection to the dwelling was granted on **07/29/2011**. The well construction was completed on **02/11/2005**. Water samples were collected on **09/16/2011, 09/20/2011, 09/26/2011 & 09/28/2011**.

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.

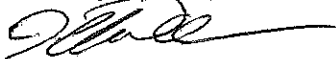
Gross Alpha and Beta samples were also collected on **09/26/2011**. Results showed a Gross Alpha level of **10.7 ± 1.3 pCi/L** and **Gross Beta** level of **11.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. At 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-94-4054. 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,



Jeff Williams
Sanitarian Supervisor
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1419 Old Lanesdown Rd. Westminster, MD (410) 876-1014 (410) 876-4554 FAX (410) 876-0298

REPORT OF ANALYSIS

Laboratory ID #: 81486 Account #: 3123
 Reference: Riverwood Lot 22 Company: National Water Servicing
 Location: 4880 Castlebridge Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 9/28/2011 1230 Site: Test Port After Treatment
 Date/Time Rec'd: 9/28/2011 1340 Treatment: Neutralizer/Softener/Sediment Filter
 Chlorine ppm: Free: ND Total: ND pH: 7.5
 Collected By: K. Eichstedt 2870KE Well #: HO-94-4054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.57	NTU	<10	SM18 2130B	9/28/2011 / 1410 / KME
Iron	<0.01	mg/L	0.3	FR, 45 (126)	9/28/2011 / 1425 / CCH

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-11001051

Date Reported: 9/29/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1405 Old Taneytown Rd. Westminster, MD (410) 848-1011 (410) 876-4552 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	81452	Account #:	3123
Reference:	Riverwood Lot 22	Company:	National Water Servicing
Location:	4880 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	9/26/2011 1138	Source:	Well Water
Date/Time Rec'd:	9/26/2011 1410	Site:	Test Port After Treatment
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.6
		Well #:	HO-94-4054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	2.7	pCi/L	15	900.0	9/29/2011 / 0646 / MJN
Gross Beta, Short Term	7.2	pCi/L	50	900.0	9/29/2011 / 0646 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 2.3 pCi/L
 - 2 Gross Beta Detection Limit: 2.5 pCi/L
 - 3 pCi/L = picocuries per liter
 - 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 5 Subcontracted to Reference Lab #278
 - 6 ND:None Detected
 - 7 Visual well check: Sealed, vented cap
 - 8 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit# : B-11001051

Date Reported: 10/11/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1443 Old Taneytown Rd. Westminster, MD 21157-3448
 (410) 848-2014 (410) 876-4554 FAX (410) 848-0295

REPORT OF ANALYSIS

Laboratory ID #:	81451	Account #:	3123
Reference:	Riverwood Lot 22	Company:	National Water Servicing
Location:	4880 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	9/26/2011 1138	Source:	Well Water
Date/Time Rec'd:	9/26/2011 1410	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Gross Alpha, Short Term	10.7	pCi/L	15	900.0	9/29/2011 / 0646 / MJN
Gross Beta, Short Term	11.0	pCi/L	50	900.0	9/29/2011 / 0646 / MJN

NOTES

- 1 **Sample collected prior to treatment
- 2 Gross Alpha Detection Limit: 1.3 pCi/L
- 3 Gross Beta Detection Limit: 2.0 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Subcontracted to Reference Lab #278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-11001051

Date Reported: 10/11/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1515 Old Lantown Rd. Westminster, MD 21157 (410) 448-2014 (410) 476-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	81452.1	Account #:	3123
Reference:	Riverwood Lot 22	Company:	National Water Servicing
Location:	4880 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	9/26/2011 1138	Source:	Well Water
Date/Time Rec'd:	9/26/2011 1410	Site:	Test Port After Treatment
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.6
		Well #:	HO-94-4054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Long Term	2.0	pCi/L	15	900.0	10/8/2011 / 0817 / MJN
Gross Beta, Long Term	6.0	pCi/L	50	900.0	10/8/2011 / 0817 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 1.6 pCi/L
 - 2 Gross Beta Detection Limit: 1.5 pCi/L
 - 3 pCi/L = picocuries per liter
 - 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 5 Subcontracted to Reference Lab #278
 - 6 ND:None Detected
 - 7 Visual well check: Sealed, vented cap
 - 8 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit # : B-11001051

Date Reported: 10/11/2011

Failed

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1110 Old Taneytown Rd., Westminster, MD 21157 (410) 876-4014 (410) 876-4551 FAX (410) 876-0298

REPORT OF ANALYSIS

Laboratory ID #: 81361 Account #: 3123
 Reference: Riverwood Lot 22 Company: National Water Servicing
 Location: 4880 Castlebridge Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 9/20/2011 1235 Site: Pressure Tank
 Date/Time Rec'd: 9/20/2011 1600 Treatment: Neutralizer/Softener/Sediment Filter**
 Chlorine ppm: Free: ND Total: ND pH: 6.4
 Collected By: K. Eichstedt 2870KE Well #: HO-94-4054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Turbidity	30.1	NTU	<10	SM18 2130B	9/21/2011 / 1430 / KME

NOTES

- 1 **Sample collected prior to treatment
- 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-11001051

Date Reported: 9/21/2011

Failed

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 413 Old Lane Town Rd. Maxton, MD 21088 (410) 876-4554 FAX (410) 876-0299

REPORT OF ANALYSIS

Laboratory ID #: 81299 Account #: 3123
 Reference: Riverwood Lot 22 Company: National Water Servicing
 Location: 4880 Castlebridge Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 9/16/2011 1044 Site: Pressure Tank
 Date/Time Rec'd: 9/16/2011 1319 Treatment: Neutralizer/Softener/Sediment Filter
 Chlorine ppm: Free: ND Total: ND pH: 6.3
 Collected By: J.Yeager 6176JY Well #: HO-94-4054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/17/2011 / 0945 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/17/2011 / 0945 / KME
Nitrate	<1.0	mg/L	10	601	9/17/2011 / 1630 / CCH
Turbidity	18.5	NTU	<10	SM18 2130B	9/16/2011 / 1340 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/16/2011 / 1340 / KME

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 Visual well check: Sealed, vented cap
 - 8 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit #: B-11001051

Date Reported: 9/19/2011