

C1 | 3814 | 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 (13) A516084

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

DATE WELL COMPLETED  
MM DD YY  
15 11/1/04 20

Depth of Well  
22 460 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-4032  
28 29 30 31 32 33 34 35 36 37

OWNER Winchester Homes, Inc.  
STREET OR RFD Hunters View Road TOWN Ellicott City  
SUBDIVISION Riverwood SECTION 1 LOT 10

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
topsoil	0	2	
Orangeish/brown rocky clay	2	9	
tan rocky clay	9	14	
Sandstone	14	109	
Sandstone	109	129	
Green slate	129	132	
tan slate	132	130	
brown slate	130	146	
Green slate	146	171	
Sandstone	171	175	
Gray slate	175	265	
Green slate	265	270	
Limestone	270	302	
Sandstone	302	306	
Limestone	306	460	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 37 NO. OF POUNDS 3700

GALLONS OF WATER 222

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 48 ft. to 66 BOTTOM 58 ft.  
(enter 0 if from surface)

**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) 100

**OTHER CASING (if used)**

E A C H C A S I N G	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. MWD 040  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
George F. ...  
LIC. NO. MWD 727

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

**DEPTH (nearest ft.)**

HO 98 500

E A C H S C R E E N	1	2	3
1	8	9	11
2	23	24	26
3	38	39	41
4	45	47	51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T \_\_\_\_\_ W Q \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3 PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 62 ft.  
WHEN PUMPING 67 ft.

TYPE OF PUMP USED (for test)

A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

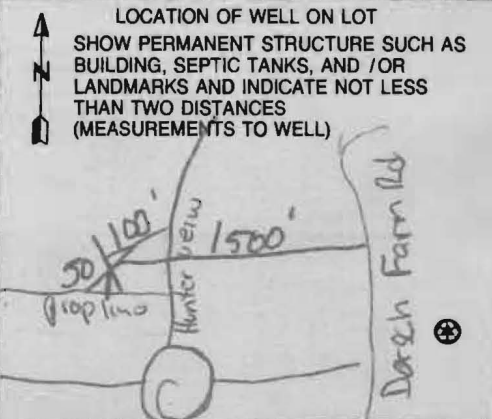
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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)



B 1 9713

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-4032

fill in this form completely

520762 please type

Date Received (APA)

OWNER INFORMATION 9762

8 MM DD YY 13

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

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 Signature Date George F. Easterday 6/28/04

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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
GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

APPROX. PERMIT NUMBER H02004G007

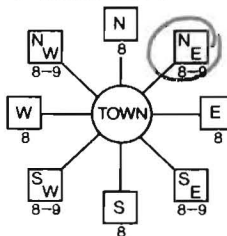
PERMIT No. H0-94-4032

SPECIAL CONDITIONS

LOCATION OF WELL

Howard COUNTY 21
Riverwood SUBDIVISION
SECTION 1 LOT 10
Clarksville NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunters View Road NEAR WHAT ROAD

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

DISTANCE FROM ROAD 100 FT

TAX MAP: 29 BLK: 4 PARCEL 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A516084 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/14/2004 Brian Baker 10/14/2005

CO SIGNATURE EXP. DATE NORTH GRID 514 000 EAST GRID 828 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

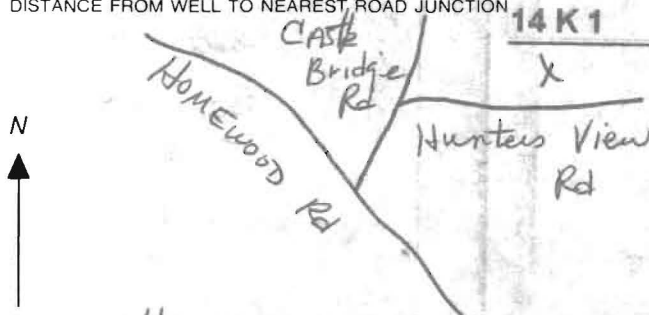
SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 828

N 514

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



CLARKSVILLE

108



**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Riverwood Lot #: 10 Well Tag #: HO-94-4032 ✓  
Site Address: 11050 Hunters View Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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 approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and 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 cannot 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: 7/26/11 Date Insp. Approved: 7/26/11  
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 ✓  
under footer - Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

Approved by  
MJ  
on  
7/26/11

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: P.O. 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 KYCKE License# P1 0145

\*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: WINCHESTER HOMES Telephone #:
Subdivision: RIVERWOOD Lot #: 10 Well Tag #: HO-99-4632
Site Address: 11050 HUNTERS VIEW RD
Ellicott City

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRINDTOR Make: Campbell Two piece watertight cap:
Model #: 15 S05 10-250 Model#: PA 800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 38" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF/WSC approved: YES Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 42 (feet) Conduit secured to well cap:
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 O/S
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

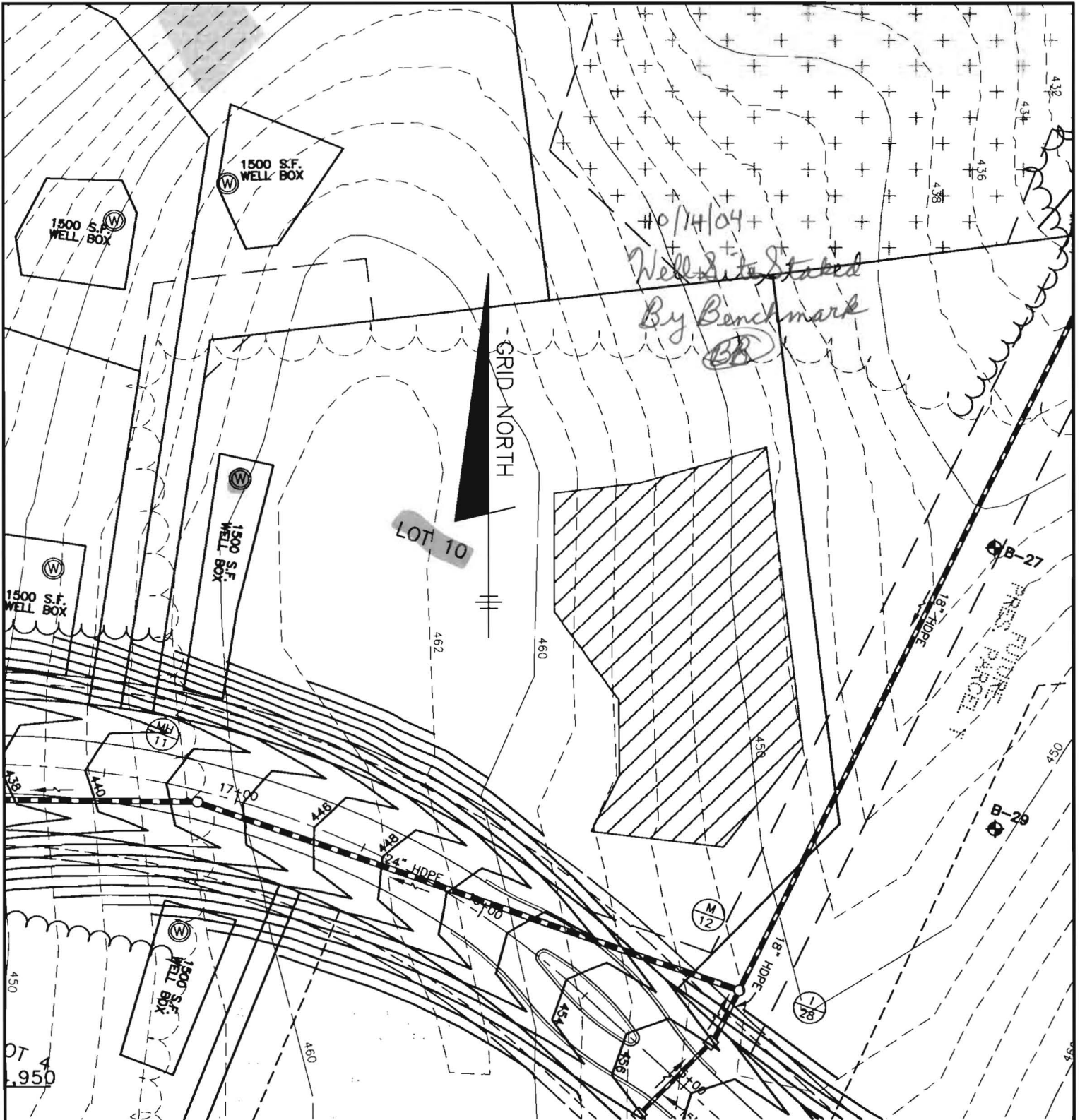
Piping to house House Connection
Type: P14 PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 4" (36" min) Sleeve caulked and sealed properly: YES

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.

Signature of company representative responsible for installation 9/29/11
date

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

Date Insp. Requested: Date Insp. Approved: 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 seen 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



RIVERWOOD

LOT 10

BENCHMARK

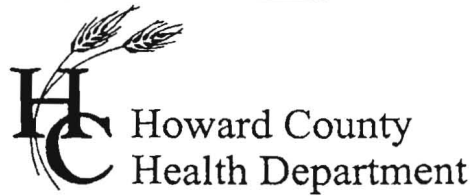
ENGINEERS • LAND SURVEYORS • PLANNERS

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*

*LOTS*

*1-10*

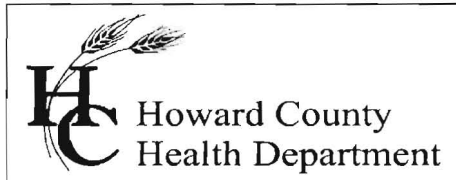
*Phase I*

*12-23*

*Riverwood*

*34-41*

*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](http://www.hchealth.org)

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

## INTERIM CERTIFICATE OF POTABILITY

October 14<sup>th</sup>, 2011

Homeowner  
11050 Hunters View Road  
Ellicott City, MD 21042

RE: Riverwood, Lot 10  
11050 Hunters View Rd.  
BP #: B11001064  
Well Tag: HO-94-4032

Dear Homeowner:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/19/2011. Final approval of the well line connection to the dwelling was approved on 07/26/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Radium samples were also collected on **10/03/2011**. Results showed a **Gross Alpha** level of **1.5 +/- 1.2 pCi/L** and a **Gross Beta** level of **3.2 +/- 1.8 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-94-4032 Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

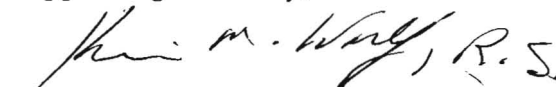
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/03/2011, 10/11/2011

Date of Radium Samples: 10/03/2011

Date of Well Completion: 11/01/2004

Approving Authority,



Kevin M. Wolf, R.S., R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #:	81782	Account #:	3123
Reference:	Riverwood Lot 10	Company:	National Water Servicing
Location:	11050 Hunters View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/18/2011 0920	Source:	Well Water
Date/Time Rec'd:	10/18/2011 1224	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	J. Yeager 6176JY	pH:	5.8
		Well #:	HO-94-4032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/19/2011 / 0845 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/19/2011 / 0845 / KME

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : 11001064

Date Reported: 10/19/2011

**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 #:	81703	Account #:	3123
Reference:	Riverwood Lot 10	Company:	National Water Servicing
Location:	11050 Hunters View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/11/2011 1145	Source:	Well Water
Date/Time Rec'd:	10/11/2011 1530	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	C. Mooshian 7268CM	pH:	6.3
		Well #:	HQ-94-4032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	10/12/2011 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/12/2011 / 1000 / CCH

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Scaled, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : 11001064

Date Reported: 10/12/2011*MD State Certification # 133*

**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 #:	81562	Account #:	3123
Reference:	Riverwood Lot 10	Company:	National Water Servicing
Location:	11050 Hunters View Road	Requested By:	Dave Rycke
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/3/2011 0950	Site:	Pressure Tank <i>OK</i>
Date/Time Rec'd:	10/3/2011 1315	Treatment:	Prior to Sediment Filter
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J.Yeager 6176JY	Well #:	HO-94-4032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	1.5 ✓	pCi/L	15	900.0	10/6/2011 / 0641 / MJN
Gross Beta, Short Term	3.2 ✓	pCi/L	50	900.0	10/6/2011 / 0622 / MJN

*OK*

**NOTES**

- 1 Gross Alpha Detection Limit: 1.2 pCi/L
- 2 Gross Beta Detection Limit: 1.8 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 #128
- 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 # : 11001064

Date Reported: 10/7/2011

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #:	81561	Account #:	3123
Reference:	Riverwood Lot 10	Company:	National Water Servicing
Location:	11050 Hunters View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/3/2011 0950	Source:	Well Water
Date/Time Rec'd:	10/3/2011 1315	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	5.9
		Well #:	HO-94-4032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	19.2	MPN/ 100 ml	<1.0	SM18 9223	10/4/2011 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/4/2011 / 0800 / KME
Nitrate	9.95	mg/L	10	601	10/3/2011 / 1940 / CCH
Turbidity	5.64	NTU	<10	SM18 2130B	10/3/2011 / 1530 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/3/2011 / 1530 / 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 # : 11001064

Date Reported: 10/4/2011

MD State Certification # 133