

C 1 3831 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A516084

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 4-15-05

Depth of Well 22 400 26 6/6/05 (TO NEAREST FOOT) O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4052

OWNER Winchester Homes last name first name STREET OR RFD Spring Run Rd TOWN Suburban Elkview SUBDIVISION Riverwood SECTION LOT 20

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown mica, Grey mica, Quartz, etc.

GROUTING RECORD YES NO (Y) (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 3100 GALLONS OF WATER 186 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 65 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) (ST) 6 82'

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 (Y) (N)

CIRCLE APPROPRIATE LETTER 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. MW D 040 DRILLERS SIGNATURE George F. Eubank

LIC. NO. AWD 298

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

C 2 DEPTH (nearest ft.)

Table with columns: E A C H S C R E N, rows for casing depths (8, 23, 38, 49) and slot sizes (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

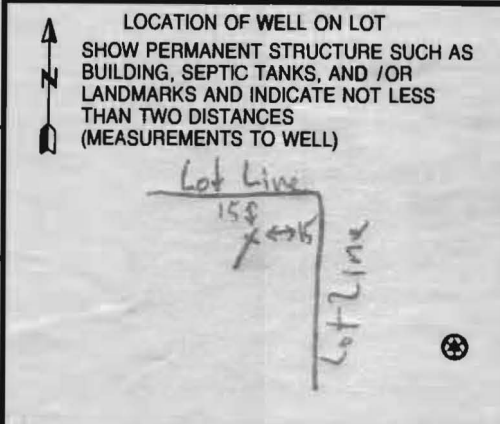
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

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 30 ft. WHEN PUMPING 112 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)



B 1 9722

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 4052

520762 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION 9771

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

B 3 HOWARD LOCATION OF WELL

8 COUNTY 21

Riverwood

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Clarksville Ellsworth City

MILES FROM TOWN (enter 0 if in town) 3 M 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

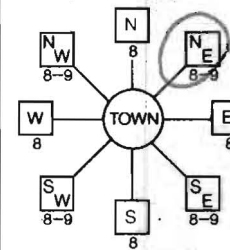
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature George F. Easterday Date 6/28/04

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 450 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 516084

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/26/04 CO SIGNATURE 10/26/05

43 MM DD YY 48 EXP. DATE

NORTH GRID 516 0 0 0 EAST GRID 828 0 0 0

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER HO 2004 G 007

PERMIT No. HO - 94 - 4052

SPECIAL CONDITIONS

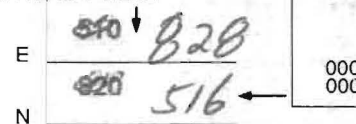
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

4/21/05 8 AM grout

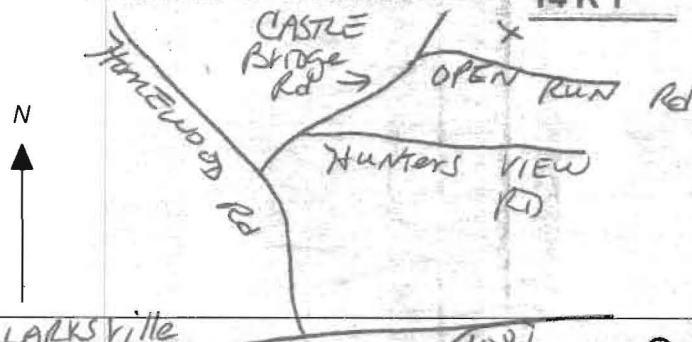
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



Feb 27 04 11:03a

HD GO FNY HEALTH

14103132648

P. 1

**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 SERVICE 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 RYCIK 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 Telephone #: _____
 Subdivision: RIVERWOOD Lot #: 20 Well Tag #: HO-94-4052
 Site Address: 12004 OPEN RUN RD
ELICOTT CITY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFOS</u>	Make: <u>BIT</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>IS SQE 10-250</u>	Model#: <u>PA-100</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</u> GPM	NSP/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used— Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house	House Connection
Type: <u>AQUAJET BUB</u>	PVC sleeve to undisturbed soil at wall penetration: <u>N/A</u>
PSI: <u>100</u> (160 psi min)	Approximate length of sleeve: <u>N/A</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>N/A UNDER FOUNDATION</u>

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

Signature of company representative responsible for installation: _____ date: 3/30/07

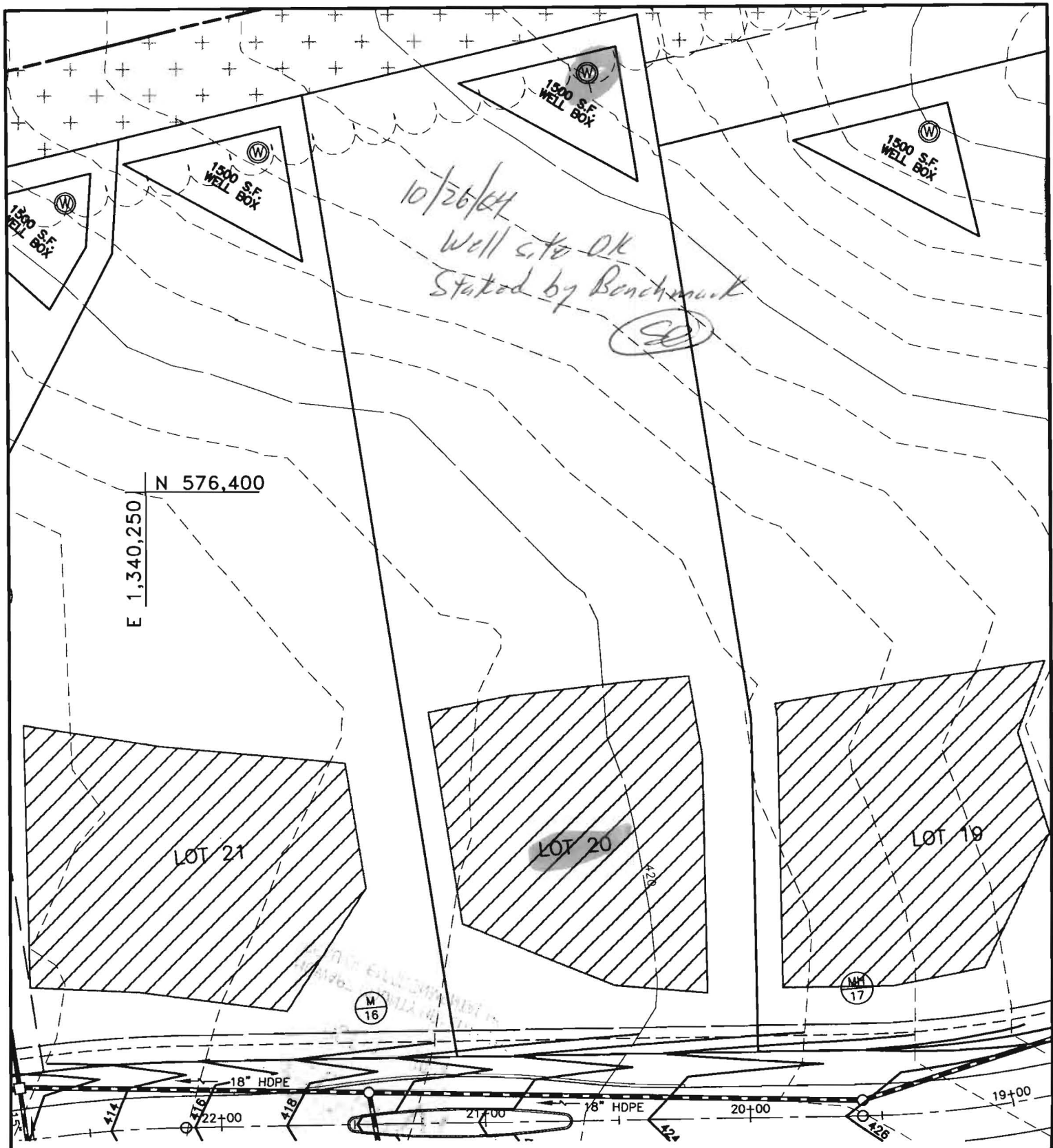
For Health Department Use Only – Not to be completed by installer

Date Insp. Requested: 11/29/06 513 Date Insp. Approved: 5/3/07 Inspector: BB

Inspection Data:

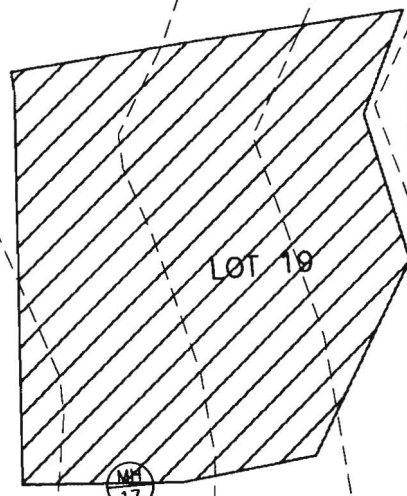
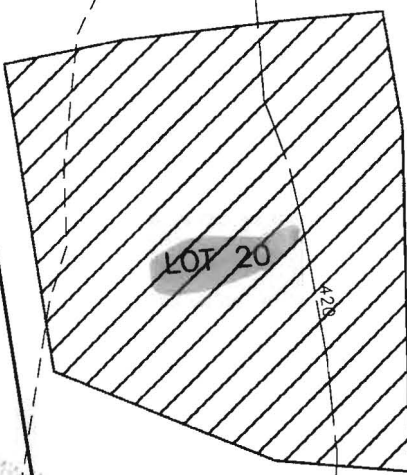
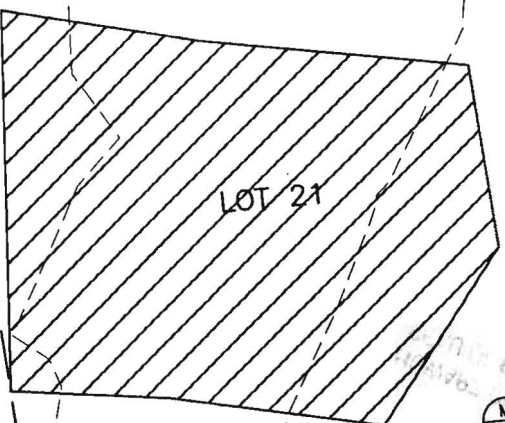
Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>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

not finished 11/29/06
under footer



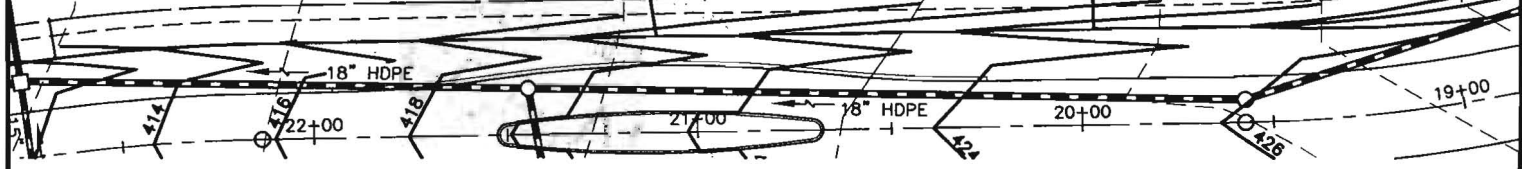
10/26/04
 Well site OK
 Stated by Benchmark
 (30)

N 576,400
 E 1,340,250



M 16

M 17



RIVERWOOD

LOT 20

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:

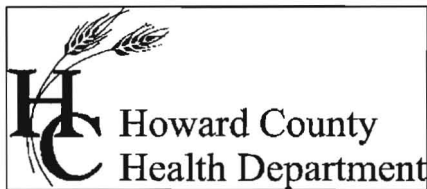
- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

May 4, 2007

Camberley Homes
6905 Rockledge Drive, #800
Bethesda, MD 20817

SENT BY FACSIMILE 410-715-4363

RE: Riverwood, Lot 20
12064 Open Run Road
Ellicott City, MD 21042
BP #: B06005765
Well Permit # HO-94-4052

Dear Sir:

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 04/19/2007. Final approval of the well line connection to the dwelling was approved on 05/03/2006.**

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.

Also, a Gross Alpha and Beta sample was collected on 04/30/2007. Findings are pending. See Radium Agreement.

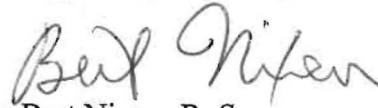
TEMPORARY INTERIM CERTIFICATE OF POTABILITY

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-94-4052. 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: 04/10/2007 & 04/25/2007
Date of Radium Test: 04/30/07 **GROSS ALPHA GROSS BETA TESTS
PENDING**
Date of Well Completion: 04/15/2005

Approving Authority,



Bert Nixon, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
National Water Service
PO Box 138
Ashton, Maryland 20861

S/O Number: 63115
Report Date: April 26, 2007

Property Sampled: 12064 Open Run Road

County: Howard
Subdivision: River Wood
Lot #: 20
Building Permit #: B06005765
Tax Map #: 29
Parcel #: 20

Date/Time Collected: April 25, 2007 at 10:55 am
Date/Time Received: April 25, 2007 at 1:35 pm

Sample Location: Powder Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-9052
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: 2 Softeners, Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N Pass

Allison R. Milburn

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

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 #:	62723	Account #:	3123
Reference:	Riverwood Lot 20	Company:	National Water Servicing
Location:	12064 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/10/2007 1305	Source:	Well Water
Date/Time Rec'd:	4/10/2007 1420	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	A. Digruilles 9666AD	pH:	6.8
		Well #:	HO-94-4052

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/11/2007 / 0910 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/11/2007 / 0910 / AD/BD
Nitrate	13.6	mg/L	10	601	4/11/2007 / 1125 / BCD
Turbidity	0.59	NTU	<10	SM18 2130B	4/11/2007 / 1005 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	4/11/2007 / 1005 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 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 tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B06005765

Date Reported: 4/12/2007

DATE COLLECTED	DATE RECEIVED	DATE COMPLETED	SAMPLE CODE
03/29/07	03/30/07	04/19/07	669439



NATIONAL TESTING LABORATORIES LTD.
 6571 Wilson Mills Road
 Cleveland, OH 44143
 (440) 448-2525

CUSTOMER ADDRESS

DEALER ADDRESS
 NATIONAL WATER SERVICING
 PO BOX 138
 ASHTON, MD 20861-

DRINKING WATER ANALYSIS RESULTS

ID: CAMBERLY LOT ²⁰
 PLEASE NOTE: TWO UNIDENTIFIED COMPOUNDS WERE DETECTED IN THE VOC SCAN.
 NOTE: "*" The MCL (Maximum Contaminant Level) or an established guideline has been exceeded for this contaminant.
 "***" Bacteria results may be invalid due to lack of collection information or because the sample has exceeded the 30-hour holding time.
 "ND" This contaminant was not detected at or above our stated detection level.
 "NBS" No bacteria submitted. "NBR" No Bacteria Required.
 "P" = PRESENCE "A" = ABSENCE
 "EP" = E. COLI PRESENCE "EA" = E. COLI ABSENCE
 "NA" Not Analyzed

Analysis Performed : MCL : Det. : Level
 : (mg/l) : Level : Detected

Analysis Performed	MCL (mg/l)	Det. Level	Level Detected
Total coliform	P	P	A
Inorganic chemicals - metals:			
Aluminum	0.2	0.1	ND
Arsenic	0.010	0.005	ND
Barium	2	0.30	ND
Cadmium	0.005	0.002	ND
Calcium	---	2.0	58
Chromium	0.1	0.010	ND
Copper	1.3	0.004	ND
Iron	0.3	0.020	0.027
Lead	0.015	0.002	ND
Magnesium	---	0.10	11
Manganese	0.05	0.004	0.073*
Mercury	0.002	0.001	ND
Nickel	---	0.02	ND
Selenium	0.05	0.020	ND
Silver	0.1	0.002	ND
Sodium	---	1	11
Zinc	5	0.004	0.006
Inorganic chemicals - other, and physical factors:			
Alkalinity (Total as CaCO3)	---	20	110
Chloride	250	5.0	16
Fluoride	4	0.5	ND
Hardness (suggested limit = 100)	---	10	190*
Nitrate as N	10	0.5	14*
Nitrite as N	1	0.5	1.0
pH (Standard Units)	6.5-8.5	---	7.3
Sulfate	250	5.0	18
Total Dissolved Solids	500	20	200
Turbidity (Turbidity Units)	1.0	0.1	0.4
Organic chemicals - trihalomethanes:			
Bromodichloromethane	---	0.002	ND
Bromoform	---	0.004	ND
Chloroform	---	0.002	ND
Dibromochloromethane	---	0.004	ND
Total THMs	0.080	0.002	ND

page 2. Sample code: 669439

Analysis performed	MCL (mg/l)	Detection Level	Level Detected
1,1,1,2-Tetrachloroethane	---	0.002	ND
1,1,1-Trichloroethane	0.2	0.001	ND
1,1,2,2-Tetrachloroethane	---	0.002	ND
1,1,2-Trichloroethane	0.005	0.002	ND
1,1-Dichloroethane	---	0.002	ND
1,1-Dichloroethene	0.007	0.001	ND
1,1-Dichloropropene	---	0.002	ND
1,2,3-Trichlorobenzene	---	0.002	ND
1,2,3-Trichloropropane	---	0.002	ND
1,2,4-Trichlorobenzene	0.07	0.002	ND
1,2-Dichlorobenzene	0.6	0.001	ND
1,2-Dichloroethane	0.005	0.001	ND
1,2-Dichloropropane	0.005	0.002	ND
1,3-Dichlorobenzene	---	0.001	ND
1,3-Dichloropropane	---	0.002	ND
1,4-Dichlorobenzene	0.075	0.001	ND
2,2-Dichloropropane	---	0.002	ND
2-Chlorotoluene	---	0.001	ND
4-Chlorotoluene	---	0.001	ND
Benzene	0.005	0.001	ND
Bromobenzene	---	0.002	ND
Bromomethane	---	0.002	ND
Carbon Tetrachloride	0.005	0.001	ND
Chlorobenzene	0.1	0.001	ND
Chloroethane	---	0.002	ND
Chloromethane	---	0.002	ND
cis-1,2-Dichloroethene	0.07	0.002	ND
cis-1,3-Dichloropropene	---	0.002	ND
Dibromochloropropane (DBCP)	---	0.001	ND
Dibromomethane	---	0.002	ND
Dichlorodifluoromethane	---	0.002	ND
Dichloromethane	0.005	0.002	ND
Ethylbenzene	0.7	0.001	ND
Ethylenedibromide (EDB)	---	0.001	ND
Methyl-Tert-Butyl-Ether	---	0.004	ND
Styrene	0.1	0.001	ND
Tetrachloroethene (PCE)	0.005	0.002	ND
Toluene	1	0.001	0.008
Trans-1,2-Dichloroethene	0.1	0.002	ND
trans-1,3-Dichloropropene	---	0.002	ND
Trichloroethene (TCE)	0.005	0.001	ND
Trichlorofluoromethane	---	0.002	ND
Vinyl Chloride	0.002	0.001	ND
Xylene	10	0.001	ND

Organic chemicals - pesticides, herbicides and PCBs

2,4-D	0.07	0.010	ND
Alachlor	0.002	0.001	ND
Aldrin	---	0.002	ND
Atrazine	0.003	0.002	ND
Chlordane	0.002	0.001	ND
Dieldrin	---	0.001	ND
Endrin	0.002	0.0001	ND
Heptachlor	0.0004	0.0004	ND
Heptachlor Epoxide	0.0002	0.0001	ND
Hexachlorobenzene	0.001	0.0005	ND
Hexachlorocyclopentadiene	0.05	0.001	ND
Lindane	0.0002	0.0002	ND
Methoxychlor	0.04	0.002	ND
PCBs	0.0005	0.0005	ND
Silvex (2,4,5-TP)	0.05	0.005	ND
Simazine	0.004	0.002	ND
Toxaphene	0.003	0.001	ND
Trifluralin	---	0.002	ND

We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the U.S. Environmental Protection Agency or variations of these EPA methods.

These test results are intended to be used for informational purposes only and may not be used for regulatory compliance.

National Testing Laboratories Ltd.

NATIONAL TESTING LABORATORIES LTD.

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REV. 12-03

CERTIFICATE OF ANALYSIS



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Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
National Water Service
PO Box 138
Ashton, Maryland 20861

S/O Number: 63115
Report Date: April 26, 2007

Property Sampled: 12064 Open Run Road

County: Howard
Subdivision: River Wood
Lot #: 20
Building Permit #: B06005765
Tax Map #: 29
Parcel #: 20

Date/Time Collected: April 25, 2007 at 10:55 am
Date/Time Received: April 25, 2007 at 1:35 pm

Sample Location: Powder Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-9052
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: 2 Softeners, Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level
*SMCL=Secondary Maximum Contamination Level
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.