

C1-6554

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)

COUNTY NUMBER AS16084

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4199

OWNER: Weatherford Hughes; STREET OR RFD: Castlebridge Rd; TOWN: Clarksville; SUBDIVISION: Riverwood I; SECTION: 23/21/86; LOT: 42

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown mica, Grey mica, Quartz, and Gypsum.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (33), NO. OF POUNDS (3300), GALLONS OF WATER (198), DEPTH OF GROUT SEAL (0 to 35 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (45).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y), NO (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...

DRILLERS LIC. NO. 1 M WD 046; DRILLERS SIGNATURE: George F. Hesterling

LIC. NO. 1 AWD 788

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

DEPTH (nearest ft.): 200

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

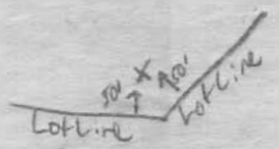
PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (BEFORE PUMPING: 3 ft, WHEN PUMPING: 26 ft), TYPE OF PUMP USED (S submersible).

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 (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).

CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE (2 nearest foot).

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 1460

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522426

STATE PERMIT NUMBER

HO - 94 - 4199 fill in this form completely

Date Received (APA)

OWNER INFORMATION 9978

8 MM DD YY 13

Winchester Homes, Inc 6905 Rockledge Drive, Suite 800 Bethesda, Md 20817

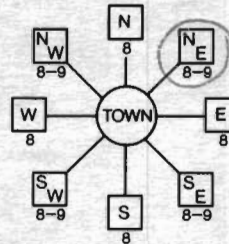
LOCATION OF WELL

Howard COUNTY Riverwood Phase I SECTION 1 LOT 42 Clarksville NEAREST TOWN

DRILLER INFORMATION

George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Castlebridge Road NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 225 FT TAX MAP: 23 BLK: 21 PARCEL 866

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) 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 COUNTY NAME AC16094 STATE SIGNATURE DATE ISSUED 5/24/05 CO SIGNATURE EXP. DATE 5/24/08

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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) 41

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

APPROX. PERMIT NUMBER HO 2004 G 007 PERMIT No. HO - 94 - 4199

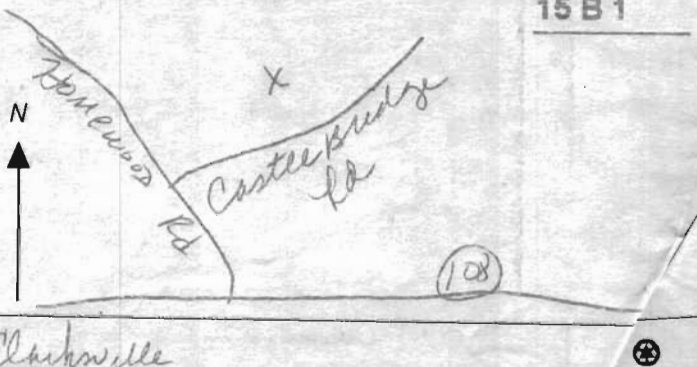
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. wells

WRITE THE BOX NUMBER FROM THE MAP HERE

E 510 027 N 820 513

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



SPECIAL CONDITIONS





Feb 27 04 11:03A

HO CO ENV HEALTH

14103127648

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 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 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: RIVERLAWN Lot #: 42 Well Tag #: HO-94-4199  
Site Address: 4935 CASTLE BRIDGE RD.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: <u>BLI</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>155QE07-180</u>	Model #: <u>PA-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/ANSI approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G. <u>3/4"</u>
Depth of well encountered at time of pump installation: <u>200</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 wrenches, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

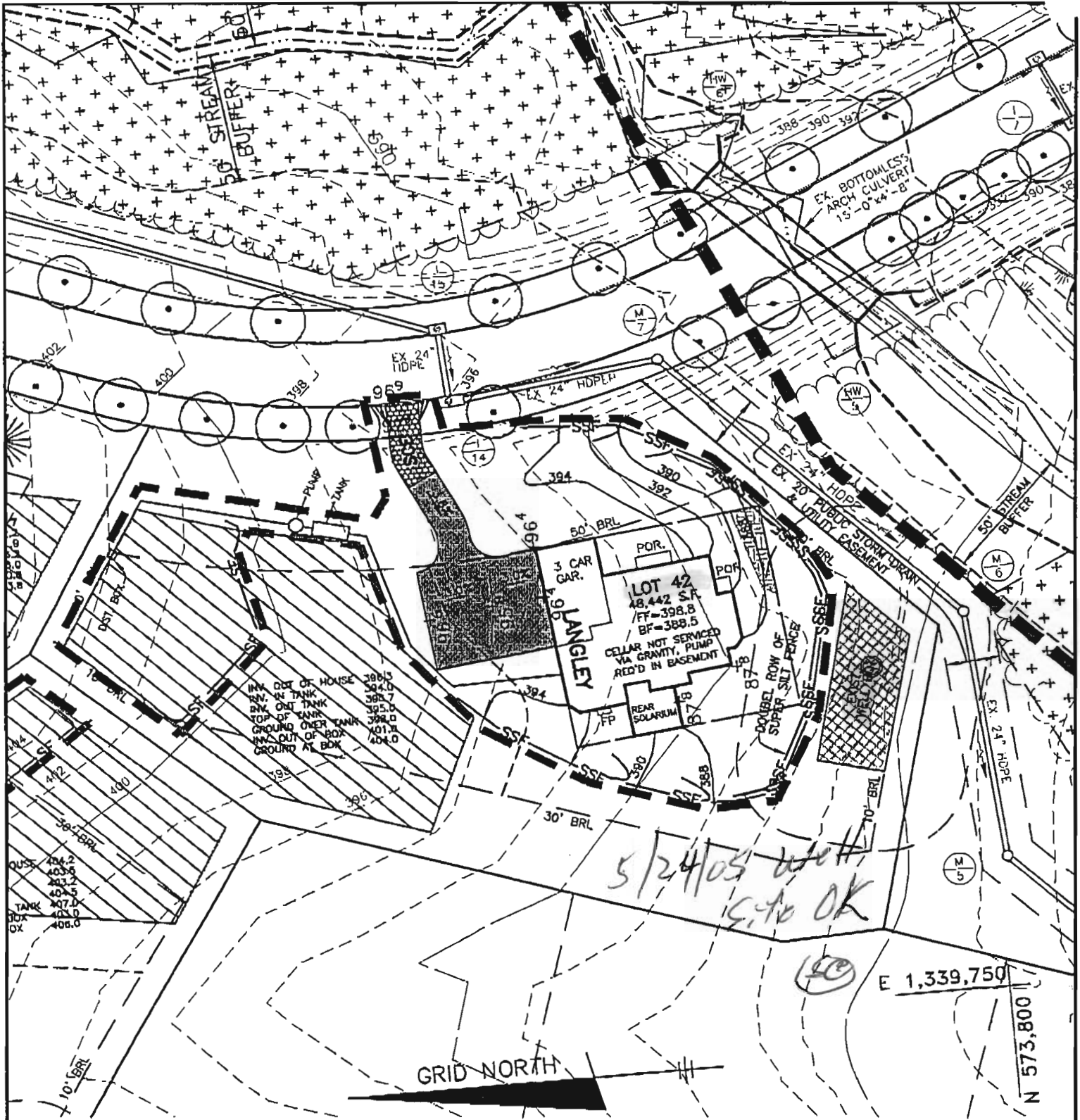
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>BLACK PEX AQUA JET</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 10/23/07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/21/07 Inspector: (K0)  
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 6" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_



### RIVERWOOD

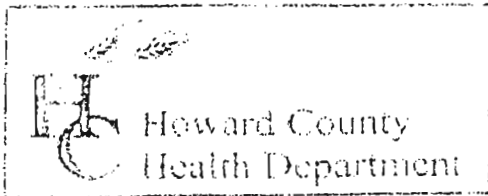
LOT 42

**BENCHMARK**  
ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 10/12/04  
REVISED: 3/29/05

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6195 FAX: 410-465-6644  
P:\1132 Homewood\1047091.dwg, 15c, 5/29/2005 12:02:48 PM  
Enc. Kycocera Mila KM-2510 KX.pc3



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

TO ALL INTERESTED PARTIES

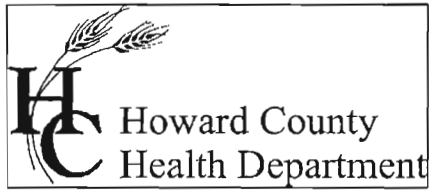
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Engineer Brachman K.  
 (professional land surveyor or company employing professional land surveyors)  
 on 4/11/05 (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.

Revised 6/10/03

Riverwood Phase I  
 Lots 11, 24-33, 42  
 Preservation parcel ①



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

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

January 12, 2009

Occupant  
4835 Castlebridge Road  
Ellicott City, MD 21042

RE: Riverwood I, Lot 42  
4835 Castlebridge Road  
BP# B07001633  
Well Tag #: HO-94-4199

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 12/16/2008. Final approval of the well line connection to the dwelling was approved on 11/21/2007.**

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.

Gross Alpha and Beta samples were also collected on 06/07/2005. The Gross Alpha sample result showed findings were above the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. Also a softener, sediment filter and neutralizer were installed. Radium-226 and Radium-228 samples were taken on 10/30/2007 and the results were below the targeted value of 5 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the well and 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 410-313-1792.

#### INTERIM CERTIFICATE OF POTABILITY

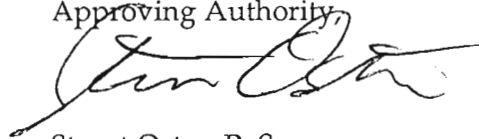
This certifies that the initial sampling requirements of COMAR 26.04.04 " Well Regulations" have been met for the water supply system installed under well permit #HO-94-4199. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

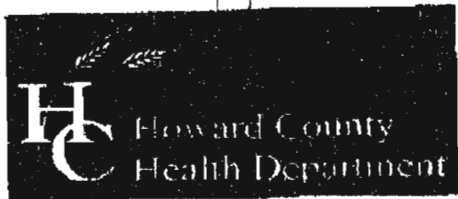
Date of Water Samples:	07/02/2007, 10/18/2007
Date of Samples for Gross Alpha & Gross Beta:	06/07/2005
Date of Samples for Radium-226 & Radium-228	10/30/2007
Date of Well Completion:	06/07/2005

Approving Authority



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(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

Temporary Radium Agreement

A review of records indicates that required sampling for Gross Alpha & Gross Beta was not performed during the well yield test for 4835 CASTLE BRIDGE Rd.

Properties not tested or initially found to have an elevated Gross Alpha and/or Gross Beta, are required to have appropriate treatment installed and additional testing performed.

Pre-or post-treatment sampling for Gross Alpha, Gross Beta and Radium was conducted on Oct. 30, 2007 and the Radium sample results are pending.

Since all other sampling, construction and inspection requirements have been satisfied, an Initial Certificate of Potability (ICOP) will be issued with the following addendum and agreement:

If the results for the initial Gross Alpha, Gross Beta and Radium are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the Final Certificate of Potability (FCOP).

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the Gross Alpha, Gross Beta and Radium results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the FCOP.

The undersigned have read and agreed with the provisions as established above.

[Signature] 11/12/07  
Owner Date

[Signature] 11/12  
Owner Date

[Signature] 11/15/07  
Builder/Representative Date

\_\_\_\_\_  
Health Department Representative Date



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

November 26, 2007

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

RE: Riverwood I, Lot 42  
4835 Castlebridge Road  
Ellicott City, MD 21042  
BP #: B07001633  
Well Permit # HO-94-4199

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 10/18/2007. Final approval of the well line connection to the dwelling was approved on 11/21/2007.**

### **TEMPORARY DEVIATION**

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of the second sampling and are bacteriologically safe for drinking. The nitrate, sand and turbidity levels were all acceptable. The water sample results were found to be in compliance with COMAR water quality standards.

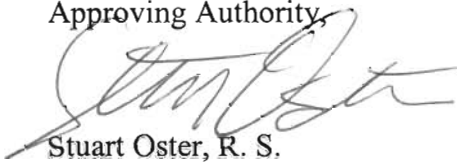
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4199. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.

Date of Water Samples: 07/02/2007 & 10/18/2007

**PENDING RADIUM TESTING**

Date of Well Completion: 06/07/2005

Approving Authority,



Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Lincolnton Rd. Westminster, MD (410) 848-1014 (410) 875-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

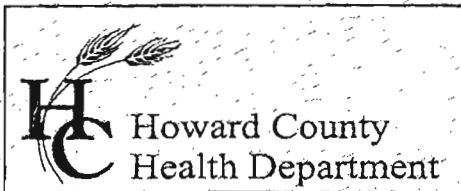
Laboratory ID #:	65667	Account #:	3123
Reference:	Riverwood Lot 42	Company:	National Water Servicing
Location:	4835 Castle Bridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/30/2007 1230	Source:	Well Water
Date/Time Rec'd:	10/30/2007 1335	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Sediment Filter/Neutralizer**
Collected By:	J.Yeager 6176JY	pH:	6.4
		Well #:	HO-94-4199

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.9	pCi/L	****	Georgia Tech	12/3/2007 / --- / GPL
Radium-228	1.6	pCi/L	****	Georgia Tech	12/3/2007 / --- / GPL

### NOTES

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
  - 2 \*\*Sample collected prior to treatment
  - 3 MDA= Minimum Detection Activity
  - 4 pCi/L = picocuries per liter
  - 5 pH tested on-site
  - 6 Radium 226: MDA 1.6 pCi/L
  - 7 Radium 228: MDA 1.5 pCi/L
  - 8 The compound was analyzed for but not detected at or above the reporting limit.
  - 9 ND:None Detected
  - 10 Visual well check: Sealed, vented cap
  - 11 Subcontracted to Reference Lab #110
- Reason for Test : Use & Occupancy

Date Reported: 12/3/2007



7178 Columbia 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)

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 15, 2005

Winchester Homes, Inc.  
6905 Rockledge Drive, Suite 800  
Bethesda, MD 20817

RE: Riverwood Subdivision, lot 42  
Open Run Road

To Whom It May Concern:

Samples were taken from a yield test on June 7, 2005 to assess the possible presence of Gross Alpha and Gross Beta in the future well water supply. Gross Alpha and Gross Beta measure the total alpha and beta activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply.

Results from this screening revealed a Gross Alpha of  $16 \pm 3$  picocuries/liter (pCi/L); while the Gross Beta level was  $7 \pm 2$  pCi/L. The Gross Alpha result was above the respective maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50 pCi/L.

Since the results of the yield test were above the MCL, additional testing of the well water will be necessary to determine if radium is the primary contributor to the elevated Gross Alpha in your water supply. This additional information will be useful in determining appropriate and effective treatment AND will be required prior to any use and occupancy approval. Please schedule a retest for gross alpha/gross beta and a sample for Radium 226/228 prior to the time the ICOP is issued for this property.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 number if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director  
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater  
Well & Septic Property File

Send Report To:

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
J. Mehnen Joseph, Ph.D., Director

### LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 40 GC No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No. 2: \_\_\_\_\_  
Plant/Site Name: Riverwood Lot 92 County: Howard

Sample Source: Dell Location: 4094 4199  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.         Telephone No.: 410-313-2775

Collector: G. Creighton Time Collected: 10:30 a.m. \_\_\_\_\_ p.m.  
Date Collected: 6/7/05 Iced: Yes  No

Nitric Acid Preserved: Yes  No  Submitters Code:   Federal Project:  S Field Data: ~6.0 pH N/A Chloride

Remarks: Nitric Acid fixed pH to ~2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2366	16 ± 3	06/09/05
✓	Gross Beta	4100	2366	7 ± 2	06/09/05
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 06/07/05  
Section Chief: L. White

• Tel. No.: (410) 767-5537 • Fax No.: (410) 333-5237

**CERTIFICATE OF ANALYSIS**



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

**S/O Number:** 65719  
**Report Date:** October 19, 2007

**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@context.net](mailto:tracelab@context.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

**ISO 9001:2000**



PERRY JOHNSON  
REGISTRARS, INC.  
Cert No. C2005-01504

**Property Sampled:** 4835 Castlebridge Drive

**County:** Howard  
**Subdivision:** Riverwood  
**Lot #:** 42  
**Tax Map #:** 29  
**Parcel #:** 20

**Date/Time Collected:** October 18, 2007 at 9:52 am  
**Date/Time Received:** October 18, 2007 at 2:30 pm

**Sample Location:** Pressure Tank  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4199  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Turbidity	3.6 NTU	EPA 180.1	10 NTU	Pass
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*  
Allison R. Milburn  
Manager-Drinking Water Testing

**CERTIFICATE OF ANALYSIS**

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

**S/O Number:** 64169  
**Report Date:** July 3, 2007



**Trace Laboratories, Inc.**  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
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Fax: 410/584-9117  
Email: tracclab@connx.net  
www.tracclabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2003-01304

**Property Sampled:** Riverwood  
**County:** Howard  
**Subdivision:** Riverwood  
**Lot #:** 42  
**Building Permit #:** Not Provided

**Tax Map #:** 29  
**Parcel #:** 20

**Date/Time Collected:** July 2, 2007 at 2:55 pm  
**Date/Time Received:** July 2, 2007 at 3:30 pm

**Sample Location:** Pump  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** N/A - Pump Test  
**Well Condition:** N/A - Pump Test

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate ✓	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity ✓	62 NTU	EPA 180.1	10 NTU	HIGH
pH	7.3 Units	EPA 150.1	*6.5-8.5 Units	***
Sand ✓	Negative		Negative	
Total Coliform ✓	PRESENT	SM 9223B	Absent	FAIL
E.coli ✓	Absent	SM 9223B	Absent	

*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.