

C1 6691 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.

1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER **13** A59207

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

DATE WELL COMPLETED  
 MM DD YY  
 12 02 05

Depth of Well  
 22 180 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HD - 95 - 0104  
 28 29 30 31 32 33 34 35 36 37

OWNER Trinity Builders  
 STREET OR RFD Irish Eyes Lane TOWN LISBON  
 SUBDIVISION The Chase at Stonybrook SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**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  |                        |
| Top Soil                                      | 0    | 2   |                        |
| Brown Slate                                   | 2    | 2   |                        |
| Brown Slate                                   | 20   | 30  |                        |
| Blue Slate                                    | 30   | 35  |                        |
| Brown Slate                                   | 35   | 40  |                        |
| Blue Slate                                    | 40   | 180 |                        |

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 13 NO. OF POUNDS 7500  
 GALLONS OF WATER 28  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30+ 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 PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 35  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H I N G

**SCREEN RECORD**  
 screen type or open hole **ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
 insert appropriate code below **PL** **OT**  
 PLASTIC 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

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. M SD 112  
 DRILLERS SIGNATURE [Signature]  
 LIC. NO. D

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

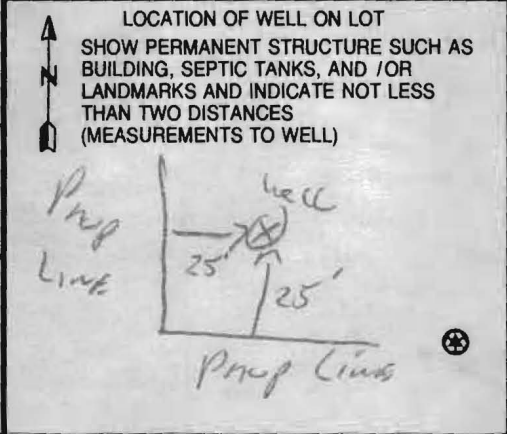
**C 2** DEPTH (nearest ft.)  
 1 2  
 1 HO 33 180  
 6 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) 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.) 12  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 35 ft.  
 WHEN PUMPING 50 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 YES **NO**  
 (CIRCLE) (YES or 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 8949

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523239

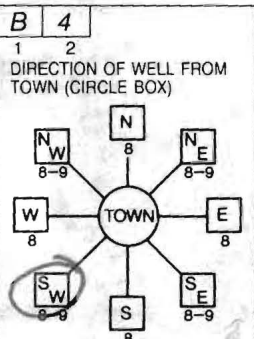
STATE PERMIT NUMBER HO-95-0104 fill in this form completely

Date Received (APA) 09/12/05 OWNER INFORMATION Trinity Builders 3625 PARK AVE Suite 301 KELLICOTT CITY MD. 21043

LOCATION OF WELL Howard 8 COUNTY 21 The Chase at Stoney Brook 23 SUBDIVISION SECTION 44 46 LOT I 48 50 LISBON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I MI 73 76 77 78

DRILLER INFORMATION Ralph E. MAYNE MS D 117 Driller's Name 76 License No. 81 Ralph MAYNE INC Firm Name 17024 Handy Rd. Mt Airy MD 21771 Address Signature Date 8-27-05

IRISH EYES LANE NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 325 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 7 BLK: PARCEL 133



WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 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

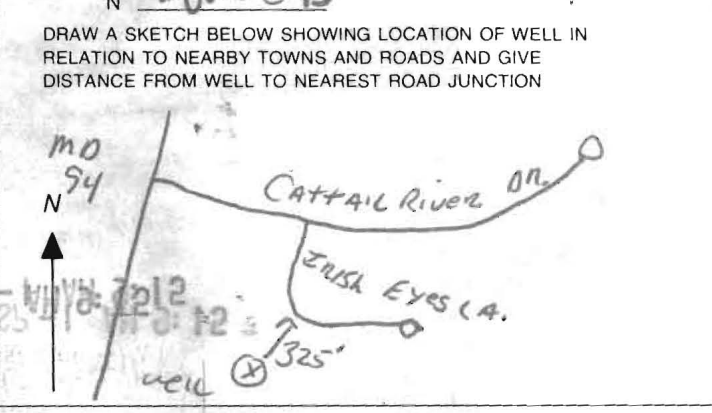
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 159207 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 09/15/05 CO SIGNATURE EXP DATE 9/15/06 NORTH GRID 543 000 EAST GRID 775 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 12/2/05 yield & great AM SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE

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 DEEPM 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 2003G011 PERMIT No. HO-95-0104

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: Do It Plumbing, Heating LLC Telephone #: 240 882 0869  
Address: 9935 Old Mill Rd  
E.C. md. 21042

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

Name (Print): Duane Gilbert License# 21899

\*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: TBI Telephone #: 410-480-6023  
Subdivision: Chase @ Stoner Brook Lot #: one Well Tag #: HO-95-0104  
Site Address: 1820 Frish Eyes Ln  
Woodbine, Md 21797

| <u>Submersible Pump Data</u>  | <u>Pitless Adapter</u>       | <u>Well Cap and Electric Conduit</u>    |
|---|------------------------------|---|
| Make: <u>Wyers</u>  | Make: <u>American Granby</u> | Two piece watertight cap: <u>Yes</u>    |
| Model #: <u>25T52-12PWS-P4-2</u>  | Model#: <u>PT 800</u>        | Screened, vented well cap: <u>Yes</u>   |
| Pump Capacity <u>12</u> GPM   | Depth: <u>42</u> (36" min)   | Cap secured to casing: <u>Yes</u>       |
| Well Yield: <u>20</u> GPM   | NSF approved: <u>Yes</u>     | Conduit min 18" B.G.: <u>Yes</u>        |
| Depth of well encountered at time of pump installation: <u>180</u> (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house

Type: Plastic  
PSI: Yes (160 psi min)  
Depth of supply line: Yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 10 ft  
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]  
Signature of company representative responsible for installation

Mar 17 - 2014  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
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 \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 WELL & SEPTIC PROGRAM  
 TEL: (410)313-1771 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: 1 Well Tag #: HO-95-0104  
 Site Address: 1820 Irish Eyes Lane

Submersible Pump Data

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_ GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
 Model#: \_\_\_\_\_  
 Depth: \_\_\_\_\_ (36" min)  
 NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
 Screened, vented well cap: \_\_\_\_\_  
 Cap secured to casing: \_\_\_\_\_  
 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, 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

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
 Sleeve sealed properly: \_\_\_\_\_

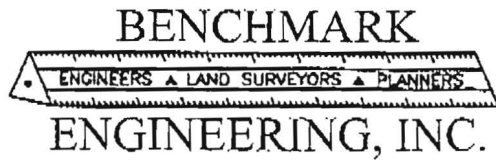
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/7/2013 Inspector: BB

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



Christopher A. Malagari, P.E., President  
Donald A. Mason, P.E., Vice President

Ellicott City, MD      Middletown, MD  
410-465-6105          301-371-3505  
410-465-6644 Fax      301-371-3506 Fax

November 17, 2005

Mr. Robert Weber  
Well and Sewer Program  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046

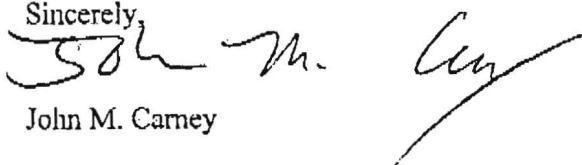
Re:    The Chase at Stoney Brook  
      F-05-170

Dear Mr. Weber:

The wells on lots 1 through 5 of the above referenced subdivision were staked in the field by Benchmark Engineering, Inc., on 11/14/05. The stakeout was in accordance with the approved Percolation Certification Plan.

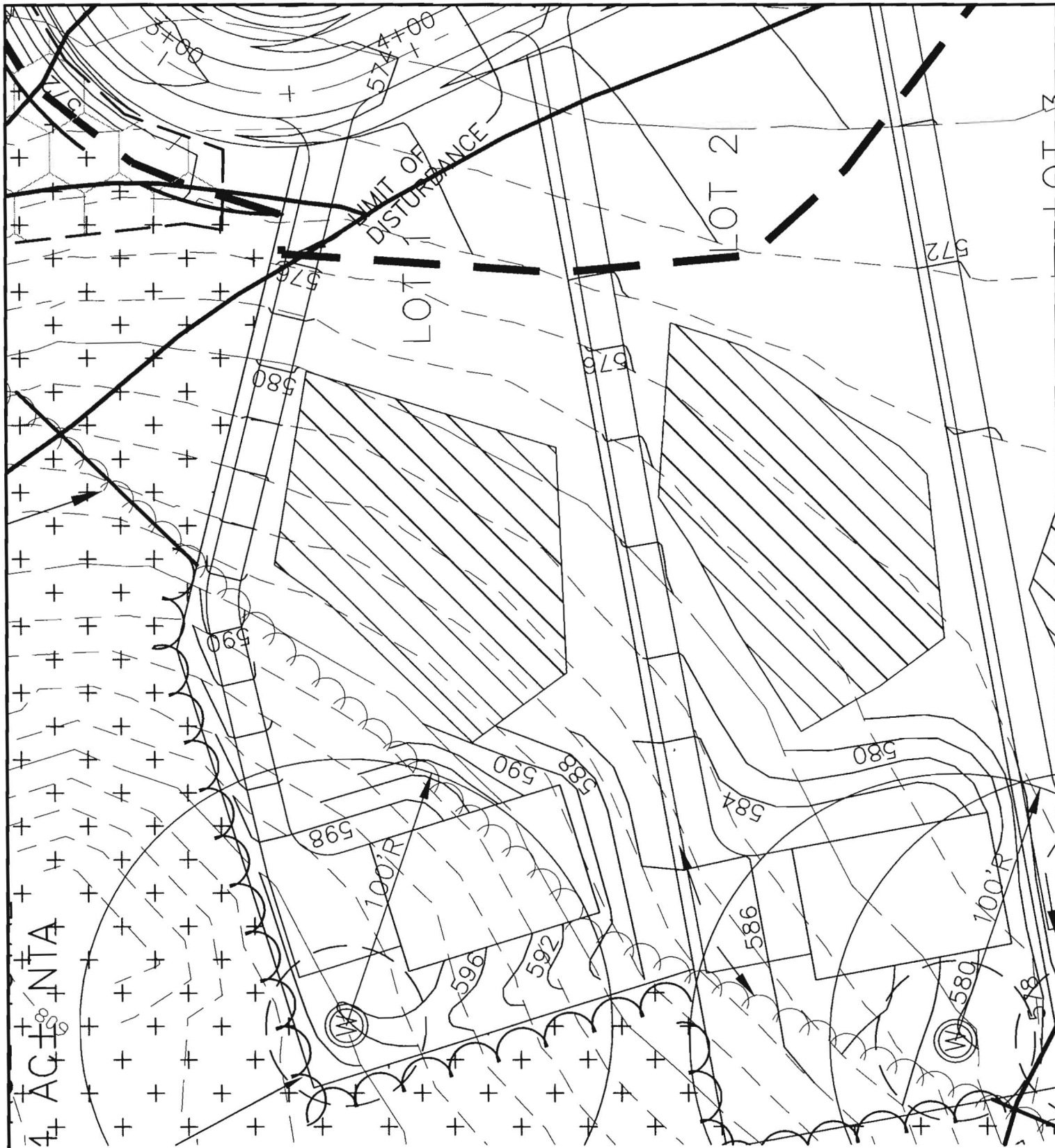
I appreciate your time and effort in reviewing this matter. If there are any additional questions or concerns please do not hesitate to contact me.

Sincerely,



John M. Carney

P:\1187\documents\1187 health certification.doc



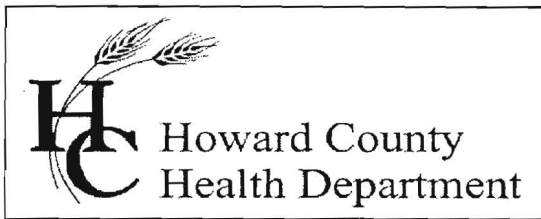
THE CHASE AT STONEY BROOK

LOT 1

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

FORTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 8/2/05

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6644  
 P:\1187\dwg\70523105.dwg, Lot 1, 8/2/05 11:33:22 AM, FAX: 410-465-6644  
 imc, Kvocera Mita KM-2530 KX.pc3



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

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

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 24, 2014

March 24, 2014

Homeowner  
1820 Irish Eyes  
Ellicott City, Maryland 21043

**RE: The Chase at Stoney Brook, Lot #1**  
**1820 Irish Eyes**  
**Building Permit: B12002053**  
**Well Permit: HO-95-0104**

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 **10/24/2013**. Final approval of the well line connection to the dwelling was granted on **11/07/2013**. The well construction was completed on **12/02/2005**. Water samples were collected on **03/20/2014**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0104. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

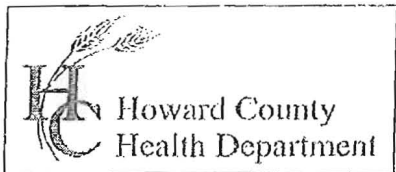
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, REHS/ RS  
Environmental Sanitarian  
Well & Septic Program

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



Bureau of Environmental Health  
 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

CSB1

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

REQUEST FOR PERMANENT DEVIATION TO  
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 3/29/14 WELL PERMIT #: HO - 95 - 0109  
 PROPERTY OWNER: Brian & Whitney Johnson  
 SUBDIVISION & LOT #: CHASE AT STONEY BROOK, LOT 1  
 PROPERTY ADDRESS: 1820 TRISH BYES LANE, 21197

CONDITIONS:

1) The well installed under permit # HO - 95 - 0109 has been documented to have a nitrate level of 11.0 mg/l ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 2.6 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 0109. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Whitney Johnson Brian Johnson

Prospective Owner's Day Time Phone Number(s)

(443) 812-6293 (Whitney) (443) 271-5705 (Brian)



TRACE LABORATORIES, INC  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:** Trinity Homes/TBI Homes  
 3675 Park Avenue, Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 92496

**Report Date:** March 21, 2014

*Nitrate Retest #1*

**Property Sampled:** 1820 Irish Eyes Lane, 21797  
**Sample Location:** Kitchen R/O Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002053  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard      **Subdivision:** The Chase at Stoney Brook      **Lot#:** 1

**Date/Time Collected in Field:** March 20, 2014 10:30 am  
**Date/Time Received in Lab:** March 20, 2014 1:18 pm

**Well Tag #:** HO-95-0104  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter, Reverse Osmosis (R/O)

| PARAMETER | METHOD       | MCL          | RESULT         | COMMENT |
|-----------|--------------|--------------|----------------|---------|
| Nitrate   | SM 4500-NO3D | 10 mg/L as N | <1.0 mg/L as N | Pass    |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

**S/O Number:** 92427

Trinity Homes/TBI Homes  
 3675 Park Avenue, Suite 301  
 Ellicott City, Maryland 21043

**Report Date:** March 14, 2014

**Property Sampled:** 1820 Irish Eyes Lane, 21797  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002053  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** The Chase at Stoney Brook

**Lot#:** 1

**Date/Time Collected in Field:** March 13, 2014 10:18 am

**Date/Time Received in Lab:** March 13, 2014 11:20 am

**Well Tag #:** HO-95-0104

**Well Condition:** 2-Piece Cap, Satisfactory

*DB  
 Nitrates  
 not OK  
 3-20-14*

**Water Treatment/Conditioning:** N/A – Raw Sample

| PARAMETER      | METHOD       | MCL/*SMCL      | RESULT         | COMMENT |
|----------------|--------------|----------------|----------------|---------|
| Total Coliform | SM 9223B     | Absent         | Absent         | Pass    |
| <i>E. coli</i> | SM 9223B     | Absent         | Absent         | Pass    |
| Nitrate        | SM 4500-NO3D | 10 mg/L as N   | 11.0 mg/L as N | FAIL    |
| Turbidity      | EPA 180.1    | 10 NTU         | 3.2 NTU        | Pass    |
| pH (Field)     | SM 4500-H B  | *6.5-8.5 Units | 5.9 Units      | ***     |
| Sand           |              | Absent         | Absent         | Pass    |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

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