C 1 | 1173 — SEQUENCE NO. (MDE USE ONLY)

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

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 A516063

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

DATE WELL COMPLETED: MM 2 DD 15 YY 06 (15 20)

Depth of Well: 22 320 26 (TO NEAREST FOOT)

OK (EC) 4.10.06

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho - 95 - 0225 (28 29 30 31 32 33 34 35 36 37)

OWNER Horton (last name) R. D (first name)

STREET OR RFD Heather Glen Way TOWN Clarksville md

SUBDIVISION Turnbury Court SECTION LOT 43

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 FROM	FEET TO	check if water bearing
Sand	0	41	
Gray Mica Rock	41	320	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y (44) no N (44)

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.: M S D 0224

David E Mayer
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: ___ D ___

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM (45 46) BENTONITE CLAY BC (45 46)

NO. OF BAGS 9 NO. OF POUNDS 252

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 2 (48 TOP 52) ft. to 40 (54 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	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	45 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL | BR BRASS BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

C 2 (1 2)

DEPTH (nearest ft.) — EACH SCREEN

1	Ho (8 9)	43 (11 15)	320 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (56 60) (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 (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour): 3 (8 9)

PUMPING RATE (gal. per min.): 8.5 (11 15)

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 25 (17 20) ft.

WHEN PUMPING: 84 (22 25) ft.

TYPE OF PUMP USED (for test)

A air (27) | P piston (27) | T turbine (27)

C centrifugal (27) | R rotary (27) | O other (describe below) (27)

J jet (27) | S submersible (27)

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)

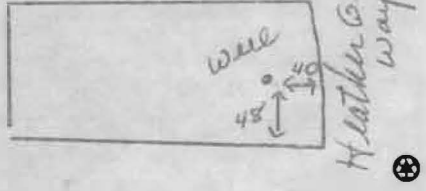
+ (49) above LAND SURFACE

− (49) below

2 (50 51) (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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 1478 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

523944

STATE PERMIT NUMBER: HO-95-0225

fill in this form completely

Date Received (APA): 01 20 06 (MM DD YY)

OWNER INFORMATION

Horton (Last Name) R. O. (Owner First Name)

1370 Piccard Drive (Street or RFD)

Rockville (Town) Md (State) 20850 (Zip)

DRILLER INFORMATION

Joseph L Mayne (Driller's Name) MSD 024 (License No.)

Joseph L Mayne Well Drilling (Firm Name)

5512 Ridge Rd Mt. Airy Md 21771 (Address)

Joseph L Mayne 1-6-06 (Signature Date)

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Turnbury Grove

SECTION: ____ LOT: X3

NEAREST TOWN: Clarksville

MILES FROM TOWN (enter 0 if in town): 1/2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8–9, N 8, NE 8–9, W 8, TOWN, E 8, SW 8–9, S 8, SE 8–9

NEAR WHAT ROAD: Heather Glen Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 25 FT (ENTER FT OR MI)

TAX MAP: 34 BLK: 11 PARCEL 77

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: 4516063

STATE SIGNATURE: _____ INSERT S

DATE ISSUED: 2/3/06 CO SIGNATURE: [signature] EXP. DATE: 2/3/07

NORTH GRID: 499 000 EAST GRID: 814 000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

(AIR-ROTary) AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): ____-____-____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Well
2.
3.

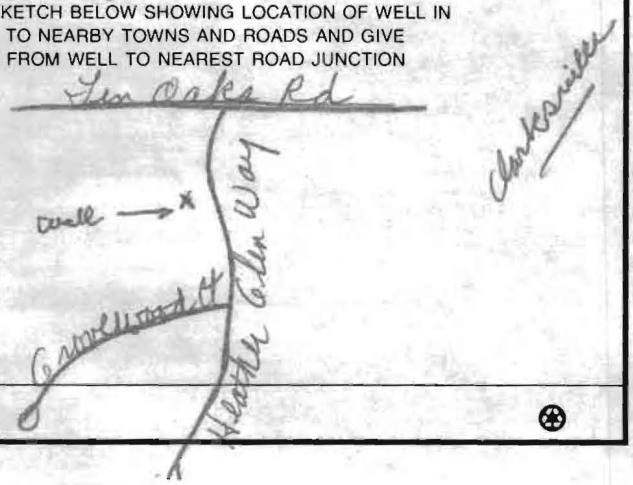
2/15/06
VOC and radioactive test samples takens
* BB
Yield O.K.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814 000

N 499 000

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



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

APPROP. PERMIT NUMBER: HO 2006 G 003

PERMIT No. HO-95-0225

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

Page ____ of ____ Review ____

Date 2-15-06

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0225
Location of property (road) Heather Glen Way Clarksville md
Subdivision Turnbury Grove Lot 23 Block ____ Plat ____ Sec. ____
Well Driller Joseph D Mayne Owner D. R. Horton

Depth of well 320'
Distance of measuring point (M.P.) above ground 1½
Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm
Total time 15 min to reach pumping water level 84 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	84	4 sec	N/A	15 gpm
7:30	82	7		8.5
7:45	81	7		8.5
8:00	81	7		8.5
8:15	81	7		8.5
8:30	80	7		8.5
8:45	80	7		8.5
9:00	80	7		8.5
9:15	80	7		8.5
9:30	80	7		8.5
9:45	80	7		8.5
10:00	80	7		8.5
10:15	80	7		8.5

HD-224

Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

August 6, 2013

Dale Thompson
Compass Homes, L.L.C.
6206 Heather Glen Way
Clarksville, MD 21029

RE: 6214 Heather Glen Way, The Preserve at Clarksville, Lot 3
Well tag: HO-95-0225

Dear Mr. Thompson,

During review of the proposal to construct a residence at 6214 Heather Glen Way, I did not find results of analyses used to screen for radium in the potable water supply. Typically a sample of water is obtained from the well during yield test, and that sample is screened for radium degradation particles, specifically **Gross Alpha** and **Gross Beta**. **Gross Alpha** and **Gross Beta** measure the potential total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Please be advised that testing for **Gross Alpha and Gross Beta (short-term and long-term), or Radium** will be necessary prior to issuance of an Interim Certificate of Potability (ICOP), in essence prior to Use and Occupancy. Initially, a raw water sample is required for these analyses. Should elevated levels of Alpha or Beta particles occur, implementation of a treatment system and additional testing will be required. The analysis of each water sample requires approximately one month.

Should a treatment system be installed, an agreement for installation and maintenance must be signed by the property owner, Dayton Oaks, L.L.C., and the Director, Bureau of Environmental Health, and then recorded at Howard County Land Records. The agreement must be recorded prior to issuance of the ICOP.

Please call this office at **410-313-1771** if you have any further questions.

Sincerely,

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well and Septic Program
410-313-2691

Copy: Well and Septic property file

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: EASTERDAY WELL & PUMP Telephone #:
Address: 9265 BOOTH CHURCH RD
MT. AIRY, MD. 21771
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Jerry A. Miller, III License# WR00774
***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: Compass Homes Telephone #:
Subdivision: Lot #: 13 Well Tag #: HO 95-0225
Site Address: 6214 Heather Glen Way
Clarksville, MD.

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Gould	Make: Mattco	Two piece watertight cap:
Model #: 10GS07	Model#: B-10X	Screened, vented well cap: ✓
Pump Capacity 15 GPM	Depth: 3 1/2 (36" min)	Cap secured to casing: Y
Well Yield: 15 GPM	NSF/WSC approved:	Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: (feet)		Conduit secured to well cap: Y

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: PE	PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min)	Length of sleeve(5' minimum from foundation): 5ft.
Depth of supply line: 3 1/2 (36" min)	Sleeve 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.

Jerry A. Miller, III 3-10-14
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/26/14 Date Insp. Approved: 3/26/14 Inspector: AG

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 ✓

Faxed: 3/10/14

Approved

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES
Expiration Date – January 21, 2015

July 21, 2014

Rhett and Nina Hunter
6214 Heather Glen Way
Clarksville, MD 21029

RE: The Preserve at Clarksville, Lot 3
6214 Healther Glen Way
Building Permit: B13002078
Well Permit: HO-95-0225

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 **7/14/2014.** Final approval of the well line connection to the dwelling was granted on **3/26/2014.** The well construction was completed on **2/15/2006.** Water samples were collected on **6/24/2014.**

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.

Gross Alpha and Beta samples were also collected on **6/24/2014**. Results showed a Gross Alpha level of **6.5** ± 1.2 **pCi/L** and **Gross Beta** level of **12.8 ± 1.6 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

The untreated water sample collected on **6/24/2014** indicated a nitrate level of **17.6 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **6/24/2014** and indicated a nitrate level of **1.7 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0225. 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 quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

Approving Authority,

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 7/17/14 WELL PERMIT # : HO- 95-0225

PROPERTY OWNER: Rhett and Nina Hunter
SUBDIVISION & LOT #: The Preserve at Clarksville, Lot 3

PROPERTY ADDRESS: 6214 Heather Glen Way, Clarksville, MD 21029

CONDITIONS:

1) The well installed under permit # HO-95-0225 has been documented to have a nitrate level of _17.6_ ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 6/24/2014 indicated that the nitrate contamination has been reduced to _1.7__ 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 -95-0225. 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]**

Nina Hunter
Rhett Hunter

Prospective Owner's Day Time Phone Number(s)

(443) 8609439

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:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 93566-1

Report Date: July 14, 2014

Raw Sample

Property Sampled:	6214 Heather Glen Way, 21029	**Building Permit #:**	Not Provided
Sample Location:	Pressure Tank Tap	**Sampler ID #:**	7483AM
Residual Chlorine:	<0.1 mg/L	**Samples Iced:**	Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot #:** 3

Date/Time Collected in Field: June 24, 2014 3:35 pm
Date/Time Received in Lab: June 24, 2014 5:43 pm

Well Tag #: HO-95-0225
Well Condition: 2-Piece Cap, Satisfactory

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

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	**PRESENT**	**FAIL**
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	**17.6 mg/L as N**	**FAIL**
Turbidity	EPA 180.1	10 NTU	1.7 NTU ✓	Pass
pH	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.

Bacteria & Nitrate FAIL
others 'OK' reB 7/16/14

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.

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:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 93566-1

Report Date: July 14, 2014

Raw Sample

Property Sampled: 6214 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot #:** 3

Date/Time Collected in Field: June 24, 2014 3:35 pm
Date/Time Received in Lab: June 24, 2014 5:43 pm

Well Tag #: HO-95-0225
Well Condition: 2-Piece Cap, Satisfactory

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

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	2.6 ± 1.2 ✓	Pass [+]
Gross Beta (Short-Term)	EPA 900.0	50	6.1 ± 1.6 ✓	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	3.9 ± 1.2 ✓	Pass [+]
Gross Beta (Long-Term)	EPA 900.0	50	6.7 ± 1.3 ✓	Pass

[+] Gross alpha levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

'OK' MB 7/16/14

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA
Analyzed by Lab # 278

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:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 93566-2

Report Date: July 14, 2014

Treated Sample

Property Sampled: 6214 Heather Glen Way, 21029
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot#:** 3

Date/Time Collected in Field: June 24, 2014 3:30 pm
Date/Time Received in Lab: June 24, 2014 5:43 pm

Well Tag #: HO-95-0225
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Reverse Osmosis (R/O) ✓

PARAMETER	METHOD	MCL	RESULT	COMMENT
Nitrate	SM 4500-NO3D	10 mg/L as N	1.7 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.

'OK' reb 7/16/14

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

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

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:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 93566-2

Report Date: July 14, 2014

Treated Sample

Property Sampled:	6214 Heather Glen Way, 21029	**Building Permit #:**	Not Provided
Sample Location:	R/O Tap	**Sampler ID #:**	7483AM
Residual Chlorine:	<0.1 mg/L	**Samples Iced:**	Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot#:** 3

Date/Time Collected in Field: June 24, 2014 3:30 pm
Date/Time Received in Lab: June 24, 2014 5:43 pm

Well Tag #: HO-95-0225
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Reverse Osmosis (R/O) ✓

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	<0.7 ± 0.5 ✓	Pass [+]
Gross Beta (Short-Term)	EPA 900.0	50	24.7 ± 1.4 ✓	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	<1.1 ± 0.7 ✓	Pass [+]
Gross Beta (Long-Term)	EPA 900.0	50	25.9 ± 2.2 ✓	Pass

[+] Gross alpha levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA
Analyzed by Lab # 278

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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 93566-2

Report Date: July 14, 2014

Treated Sample

Property Sampled: 6214 Heather Glen Way, 21029
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot#:** 3

Date/Time Collected in Field: June 24, 2014 3:30 pm
Date/Time Received in Lab: June 24, 2014 5:43 pm

Well Tag #: HO-95-0225
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Reverse Osmosis (R/O) ✓

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Radium 226	EPA 903.1	5 pCi/L Combined	<0.2 ± 0.1 ✓	Pass
Radium 228	EPA Ra-05		<0.8 ± 0.5 ✓	Pass

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'OK' RB 7/16/14

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA
Analyzed by Lab # 278

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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:

Compass Homes
6206 Heather Glen Way
Clarksville, Maryland 21029

S/O Number: 93646

Report Date: July 2, 2014

Retest #1

Property Sampled: 6214 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot #:** 3

Date/Time Collected in Field: July 1, 2014 12:10 pm
Date/Time Received in Lab: July 1, 2014 3:47 pm

Well Tag #: HO-95-0225
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	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.

Ok, vdb
7/16/14

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

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

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 7/17/14 WELL PERMIT # : HO- 95-0225

PROPERTY OWNER: Rhett and Nina Hunter
SUBDIVISION & LOT #: The Preserve at Clarksville, Lot 3

PROPERTY ADDRESS: 6214 Heather Glen Way, Clarksville, MD 21029

CONDITIONS:

1) The well installed under permit # HO-95-0225 has been documented to have a nitrate level of _17.6_ ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 6/24/2014 indicated that the nitrate contamination has been reduced to _1.7__ 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 -95-0225. 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]**

Nina Hunter
Rhett Hunter

Prospective Owner's Day Time Phone Number(s)

(443) 8609439

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: _____ WELL PERMIT # : HO- 95-0225

PROPERTY OWNER: Rhett and Nina Hunter
SUBDIVISION & LOT #: The Preserve at Clarksville, Lot 3

PROPERTY ADDRESS: 6214 Heather Glen Way, Clarksville, MD 21029

CONDITIONS:

1) The well installed under permit # HO-95-0225 has been documented to have a nitrate level of _17.6_ ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 6/24/2014 indicated that the nitrate contamination has been reduced to _1.7__ 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 -95-0225. 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]**

_____ _____

Prospective Owner's Day Time Phone Number(s)

_____ _____

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
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

Lab No. Date Received
961139 FEB 15 06
Do not write above this line

LABORATORY ANALYSIS REQUEST

HCHGWLZ-1
Bottle No: HCHGWLZ-2 **Plant/Site Name:** Heather Glen Way Lot X3 **County:** Howard

Sample Source: Heather Glen Way (Street) Clarksville (Town or City) **Location:** yield test-hose (well no., lab sink, sample tap, etc.)

Sampler ID: ☐☐☒☒☒☒ **PWSID:** ☐☐☐☐☐☐☐ **Plant ID:** ☐☐

Collector: Kathleen Cook 410 313 2774 (include telephone number)

Date Collected: 2 / 15 /2006 **Time Collected:** 9:00 a.m. _____ p.m.

Field Preserved: ☒ Yes ☐ No **Preservative Used:** ☒ 1:1 HCl + ~~Ascorbic acid~~ ☐ Na_2SO_4 ☐ 6 mg NH_4Cl

Sample Type:
- ☐ Drinking Water
- ☐ Community
- ☐ Non-Community
- ☒ Private
- ☐ Landfill
- ☐ Stream
- ☐ Sediment
- ☒ Source (Raw Water)
- ☐ Distribution (Treated)
- ☐ Water Treatment Plant POE
- ☒ Liquid
- ☐ Solid
- ☐ Other _____

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Test Requested: ☒ Trihalomethanes ☒ Volatiles ☒ Semi-volatiles ☐ Haloacetic Acids

2006 MAR -6 PM 1:09

FIELD DATA: pH _____ Free Cl _____ Total Cl _____

Field Blank Bottle No.: HCHGWLZFB
Trip Blank Bottle No.: HCHGWLZTB *

Remarks: * For each site there should be 2 ~~two~~ sample vials and 1 field blank, but one Trip Blank covers all samples collected on that day wanting the same analysis. You do not need so many Trip Blanks! One

Section Chief: Deborah Nolan-Jack **Date Reported:** 3 / 2 / 06

●Phone: (410) 767 - 5643 ●Fax: (410) 333 - 5237

Form Revised 12/00
DHMH 4362

SUBMITTER'S COPY

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961139 TB
Date Analyzed: 02/28/06
Method: EPA 524.2

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	ND
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Miller Date Approved: 3/2/06

Phone: (410) 767-5896 Fax: (410) 225-9318

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961139 HCHGWL2-1 **Method:** EPA 524.2
Date Analyzed: 02/28/06

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	ND
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief Richard Miller Jr. Date Approved: 3/2/06

Phone: (410) 767-5896 Fax: (410) 225-9318

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961139 FB
Date Analyzed: 02/28/06
Method: EPA 524.2

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	ND
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Millenbach Date Approved: 3/2/06

Phone: (410) 767-5896 Fax: (410) 225-9318

Howard County
Health Department

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

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

March 9, 2006

D. R. Horton, Inc.
1370 Picardi Drive
Rockville, Maryland 20850

RE: Water Sample Results
Lot 2 Turnbury Grove
HO 95 – 0225

To Whom it May Concern:

During the recent "yield test" of the well serving the future Lot 2 (located on Heather Glen Way), a sample was collected for volatile organic compounds (VOC's) on February 15, 2006. This testing was performed to establish a baseline evaluation of the well water supply due to known VOC ground water contamination concerns previously documented (during the 1990's and earlier) in properties nearby this development.

Results from this sampling were free of all tested VOC's to the limit of detection for the test method employed. With respect to these parameters, the well water supply is currently safe for all uses.

A copy of the test report is enclosed for your records.

If questions should arise, you may contact Stuart Oster of the Well & Septic Program at (410) 313 – 1771 or me at (410) 313 – 1773.

Sincerely,

Bert Nixon

Bert Nixon, Assistant Director
Bureau of Environmental Health

BN/bn
Enclosure
cc: Lot 2 Trunbury Grove Property File

Howard County
Health Department

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 Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 12-14-05 (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

33 Lots for D.R. Horton
Turnbury Grove


LOT 2
LOT 18
CLARKSVILLE MANOR
LOTS 3 THRU 19
PLAT NOS. 8501-8503
F-89-33
MAJOR COLLECTOR
TEN OAKS ROAD
EROSION CONTROL MATTING (TYP)
HEATHER GLEN WAY
LOT 32
LOT 31
LOT 30
LOT 1
LOT 29
LOT 2
LOT 28
LOT 3
LOT 27
BUILDABLE PRESERVATION PARCEL A
PRIVATELY OWNED
HOWARD COUNTY EASEMENT HOLDER
HOMEOWNERS ASSOCIATION EASEMENT HOLDER
TYPICAL SECTION OF SWALE
N.T.S.

Howard County
Health Department

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

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

February 8, 2006

MEMORANDUM

TO: Joseph L. Mayne Well Drilling
5512 Ridge Road
Mt. Airy, Maryland 21771
Faxed to 301-829-5384

FROM: Stuart Oster, R.S.
Groundwater Management Section Supervisor
Well and Septic Program

RE: File Number: P-05-013
Title: Turnbery Grove

The Health Department requires that all the wells in this subdivision be tested for radium and V.O.C.'s (Volatile Organic Contaminants). The optimum time to sample would be when the yield test is being completed. When contacting this office about the yield test, please mention that these water test need to be collected. Also, attached is a letter dated November 21, 2005 from Bert Nixon further explaining the radium testing.

Cc: D. R. Horton, Inc.
File

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
7/17/13	Radium results have not been found. Brian indicated on Well Permit Application that sample was obtained on Feb. 15, 2006.
	VOC's negative, (sampled 2/15/06)
	R Bicker