

C1 1179

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 AS16063

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 400'

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0224

OWNER Horton R. O. STREET OR RFD Heather Glen Way TOWN clarksville md SUBDIVISION Sunbury Grove SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-68) and Gray mica Rock (68-400).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 19, NO. OF POUNDS 1796, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 0-68 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6", Total depth of main casing 72'

OTHER CASING (if used) table with columns for diameter and depth.

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

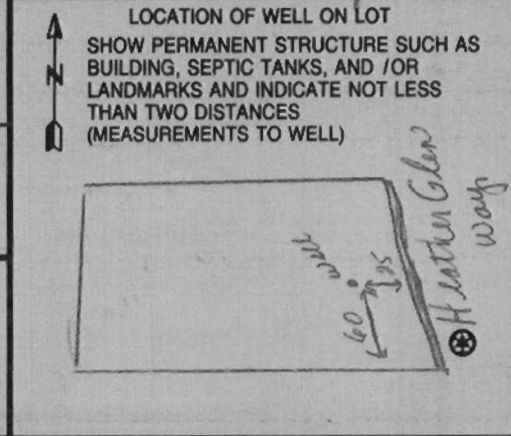
DEPTH (nearest ft.) table with columns for depth intervals and slot size.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 4.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 23 ft., WHEN PUMPING 248 ft., TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), 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 (+) above LAND SURFACE 2 (nearest foot).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: MSD 024, DRILLERS SIGNATURE (Must match signature on application)

LIC. NO.: ASD 027

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

B 1 1457 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND**
APPLICATION FOR PERMIT TO DRILL WELL
523944 please type

STATE PERMIT NUMBER HO-95-0224
 fill in this form completely

Date Received (APA) 01 20 06
 8 MM DD YY 13

OWNER INFORMATION
 15 Horton Last Name 34 A. D. Owner First Name
 36 1370 Piccard Drive Street or RFD 55
 57 Rockville Town 70 Md. State 72 20850 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 Summerly Grove SUBDIVISION 42
 SECTION 44 46 LOT 1 48 50
 52 Clarksville NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1/2 M I
 73 76 77 78

DRILLER INFORMATION
 76 Joseph L. Mayne Driller's Name 81 MSD 024 License No.
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy Md 21771
 Signature Joseph L. Mayne Date 1-6-06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD Heather Glen Way
 34 25 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: 34 BLK: 11 PARCEL 77

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

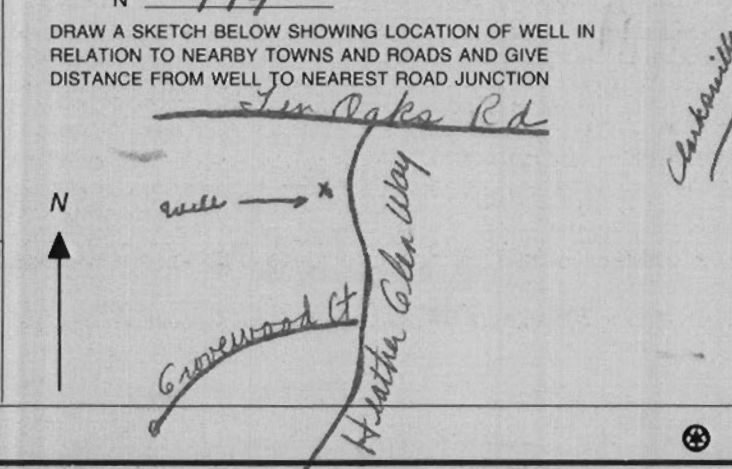
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. AS16063
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 2/7/06 St. St. 2/7/07
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 499000 EAST GRID 814 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 814
 N 499
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO 2606G 003
 PERMIT No. HO-95-0224
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

LOT 1

LOT 15
CLARKSVILLE MANOR
LOTS 3 THRU 19
PLAT NOS. 8601-8603
F-88-33

LOT 16
CLARKSVILLE MANOR
LOTS 3 THRU 19
PLAT NOS. 8601-8603
F-88-33

MAJOR COLLECTOR
TELEPHONE ROAD
ELEV. 67.74

EX. 18' C&G
400.1

EX. 18' C&G
310.0

EX. 18' C&G
210.0

EX. 18' C&G
110.0

EX. 18' C&G
10.0

EX. 18' C&G
0.0

EX. 18' C&G
-100.0

EX. 18' C&G
-200.0

EX. 18' C&G
-300.0

EX. 18' C&G
-400.0

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-500.0

EX. 18' C&G
-600.0

EX. 18' C&G
-700.0

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-800.0

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EX. 18' C&G
-2100.0

EX. 18' C&G
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EX. 18' C&G
-2300.0

EX. 18' C&G
-2400.0

277/86
277/86
277/86

MAJOR
C&G
LINE

LOT 1

LOT 2

LOT 3

LOT 32

LOT 31

LOT 30

LOT 29

LOT 28

LOT 27

LOT 26

TYPICAL SECTION
OF ROAD

TYPICAL SECTION
OF ROAD

BUILDABLE
PRESERVATION PARCEL A
FAMILY OWNED
HOWARD COUNTY EMERGENCY HOLDER
HOUSING ASSOCIATION
EMERGENCY HOLDER

27' W/4 C
DRAINAGE
& UTILITY EXHIBIT

N 559.500

S 25.000

E 25.000

W 25.000

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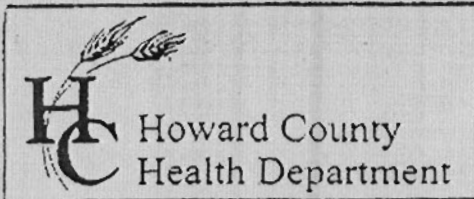
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N 559.500



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

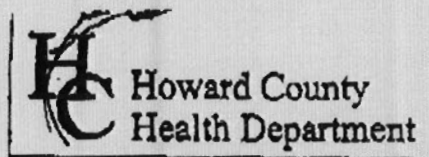
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- 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
Lurnbury Grove*



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Benchmark Engineering, Inc. on 2/16/2007 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

From - Dale Thompson Builders, Inc.
 Lot # - 1
 Sub Division - Turnbury Grove

FEB 28 2007 11:07AM P3

FEB 28 2007 11:07AM P3

FAX NO. : 4104899734

FROM : RALPH WAYNE WELL DRILLING

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: Tri-County Pump Service, Inc Telephone #: 301 432-0330
Address: 6711 Old National Pike
Burrhead, Md 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Griffith License# 20135

*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: Bayant Group Inc Telephone #: 703-932-0573
Subdivision: Preserve at Clarksville Lot #: 2 Well Tag #: HO-95-0024
Site Address: 6210 Heather Glenway
Clarksville, Md

Submersible Pump Data

Make: Stahta
Model #: S74481022
Pump Capacity 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: American Grout
Model #: PT400
Depth: 36 (36" min)
NSF/WSC approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y
Screened, vented well cap: Y
Cap secured to casing: Y
Conduit min 18" B.G.: Y
Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 400 (feet)

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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

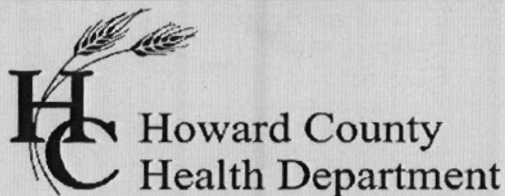
PVC sleeve to undisturbed soil at wall penetration: Y
Length of sleeve(5' minimum from foundation): 20
Sleeve sealed properly: Y

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: William E. Griffith date: 9-19-2013

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

Date Insp. Requested: 9/20/13 Date Insp. Approved: 9/20/13 Inspector: KW
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



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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – JUNE 13, 2014

December 13, 2013

Roy and Shiney Mathew
6210 Heather Glen Way
Clarksville, MD 21029

RE: The Preserve at Clarksville, Lot 2
6210 Heather Glen Way
Building Permit: B13000550
Well Permit: HO-95-0224

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 12/13/2013. Final approval of the well line connection to the dwelling was granted on 9/20/2013. The well construction was completed on 2/22/2006. Water samples were collected on 11/19/2013 and 12/2/2013.

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 untreated water sample collected on 11/19/2013 indicated a nitrate level of 15 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 11/19/2013 and indicated a nitrate level of <1.0 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.

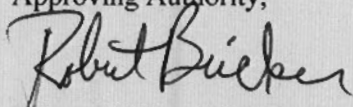
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0224. 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.**

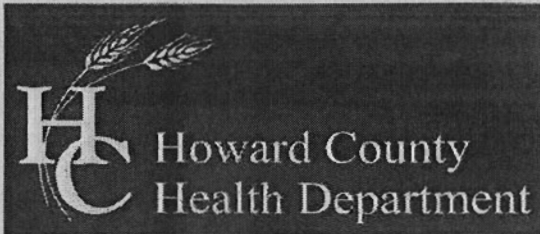
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S.
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 21046-2147
Main: 410-313-2640 | 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: 12/11/13 WELL PERMIT #: HO - _____ - _____
PROPERTY OWNER: Roy and Shiny Mathew
SUBDIVISION & LOT #: _____
PROPERTY ADDRESS: 6210 Heather Ellen Way,
Clarksville, MD

CONDITIONS:

- 1) The well installed under permit # HO - _____ - _____ has been documented to have a nitrate level of _____ ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on _____ indicated that the nitrate contamination has been reduced to _____ 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 - _____ - _____. 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]

Roy Mathew Shiny Mathew

Prospective Owner's Day Time Phone Number(s)

301-648-5040 301-262-3952

Received Dec. 12/2013
MB



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:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 91258-2

Report Date: November 26, 2013

Treated Nitrate

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap ✓
Residual Chlorine: <0.1 mg/L

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville
Map: 34 **Parcel:** 77 **Lot#:** 2

Date/Time Collected in Field: November 19, 2013 @ 11:05 am
Date/Time Received in Lab: November 19, 2013 @ 1:51 pm

Well Tag #: HO-95-0224
Well Condition: 2-Piece Cap, Satisfactory

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

PARAMETER	METHOD	MCL	RESULT	COMMENT
Nitrate (R/O)	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.

*Nitrate OK
 at Kitchen Tap
 MB 12/11/2013*

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:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 91258-1

Report Date: November 26, 2013

Potability Testing

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot#: 2

Date/Time Collected in Field: November 19, 2013 @ 11:00 am

Date/Time Received in Lab: November 19, 2013 @ 1:51 pm

Well Tag #: HO-95-0224
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
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	15 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	6.7 Units	***
Sand		Absent	Absent	Pass

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Bacteria & Nitrate Fail
others 'OK'
ref 12/11/2013
 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:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 91258-1

Report Date: December 9, 2013

Raw Sample

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot#: 2

Date/Time Collected in Field: November 19, 2013 @ 11:00 am
Date/Time Received in Lab: November 19, 2013 @ 1:51 pm

Well Tag #: HO-95-0224
Well Condition: 2-Piece Cap, Satisfactory

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

'OK' reb 12/11/2013

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	1.8 ± 0.9 ✓	Acceptable [+]
Gross Beta (Short-Term)	EPA 900.0	50	6.9 ± 1.1 ✓	Acceptable
Gross Alpha (Long-Term)	EPA 900.0	15	<1.6 ± 1.2 ✓	Acceptable [+]
Gross Beta (Long-Term)	EPA 900.0	50	10.3 ± 1.6 ✓	Acceptable

[+] 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.

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



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 91359

Report Date: December 3, 2013

Bacteria Retest #1

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot#: 2

Date/Time Collected in Field: December 2, 2013 @ 9:50 am
Date/Time Received in Lab: December 2, 2013 @ 12:01 pm

Well Tag #: HO-95-0224
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
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass

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*Bacteria 'OK'
 rcb 12/11/2013*

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



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 91359

Report Date: December 3, 2013

Bacteria Retest #1

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot#: 2

Date/Time Collected in Field: December 2, 2013 @ 9:50 am
Date/Time Received in Lab: December 2, 2013 @ 12:01 pm

Well Tag #: HO-95-0224
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
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass

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*Bacteria 'OK'
 ROB 12/11/2013*

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



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Amy Ferrer
Compass Homes
6206 Heather Glen Way
Clarksville, Maryland 21029

S/O Number: 91258-2

Report Date: December 9, 2013

Treated Sample

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot#: 2

Date/Time Collected in Field: November 19, 2013 @ 11:05 am
Date/Time Received in Lab: November 19, 2013 @ 1:51 pm

Well Tag #: HO-95-0224
Well Condition: 2-Piece Cap, Satisfactory

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

Handwritten note: 'OK' reB 12/11/2013

Table with 5 columns: PARAMETER, METHOD, MCL (pCi/L), RESULT (pCi/L), COMMENT. Rows include Gross Alpha (Short-Term), Gross Beta (Short-Term), Gross Alpha (Long-Term), and Gross Beta (Long-Term).

[+] 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.

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.

Signature of Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 91258-2

Report Date: December 9, 2013

Treated Sample

Property Sampled: 6210 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13000550
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot#: 2

Date/Time Collected in Field: November 19, 2013 @ 11:05 am
Date/Time Received in Lab: November 19, 2013 @ 1:51 pm

Well Tag #: HO-95-0224
Well Condition: 2-Piece Cap, Satisfactory ✓

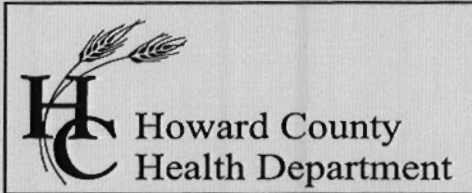
Water Treatment/Conditioning: Reverse Osmosis (R/O) ✓

'OK'
RB 12/11/2013

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Radium 226	EPA 903.1	5 pCi/L Combined	0.5 ± 0.2 ✓	Acceptable
Radium 228	EPA Ra-05		<0.9 ± 0.6 ✓	Acceptable

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



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

July 12, 2006

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

RE: Water Sample Results
Lot 1 Turnbury Grove
HO - 95 - 0224

To Whom this May Concern:

During the February 22, 2006 "yield test" of the well serving the future Lot 1 (located on Heather Glen Way), samples for volatile organic compounds (VOC's) and Gross Alpha and Gross Beta were **not** collected.

As a reminder, sampling for these parameters (as well as for standard potability tests) will be required to secure Use and Occupancy (U&O) clearance from our office. Moreover, should any of these tests result in findings that exceed corresponding maximum contaminant levels (MCL's), then appropriate follow-up testing and/or installation of proper treatment will be necessary prior to obtaining the U&O.

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, Assistant Director
Bureau of Environmental Health

cc: Lot 1 Turnbury Grove Property File



Howard County
Health Department

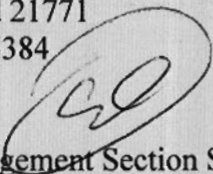
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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