

C1 1152

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 A516063

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing

GROUTING RECORD form: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD form: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) form: diameter, depth

SCREEN RECORD form: screen type or open hole, insert appropriate code below, DEPTH (nearest ft.)

PUMPING TEST form: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED form: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

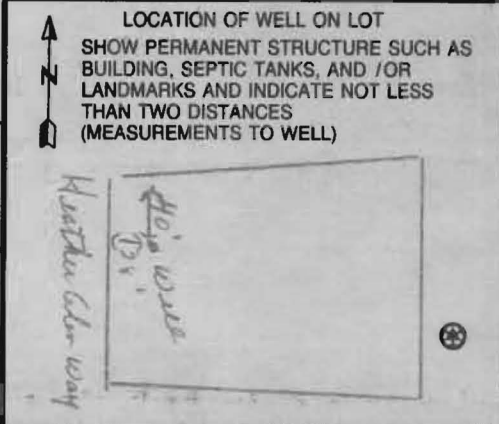
DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA



RECEIVED HOWARD COUNTY HEALTH DEPT ENVIRONMENTAL HEALTH 2006 MR 30 PM 3:13

B 1 1473

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523944 please type

STATE PERMIT NUMBER HD-95-0242 fill in this form completely

OWNER INFORMATION Date Received (APA) 01 20 06 Horton R. D. 1370 Piccard Drive Rockville Md 20850

LOCATION OF WELL Howard 8 COUNTY 21 23 SUBDIVISION Turnbury Grove SECTION 44 46 LOT 28 48 50 52 NEAREST TOWN clarksville 71 MILES FROM TOWN 1/2 M I 73 76 77 78

DRILLER INFORMATION Joseph L. Mayne M 5 D 024 Driller's Name License No. 81 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy Md 21771 Address Joseph L. Mayne Signature 1-6-06 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Heather Glen Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 25 FT ENTER FT OR MI 34 37 TAX MAP: 34 BLK: 11 PARCEL 77

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard #516063 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/28/06 CO SIGNATURE EXP. DATE 2/6/07 NORTH GRID 499 000 EAST GRID 814 000

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

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 814 4 N 498 9

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Ten Oaks Rd. Heather Glen Way well Clarksville

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HD 2006 G 003 PERMIT No. HD-95-0242

SPECIAL CONDITIONS At 10/16 test, sample for radium & VOC

**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: RIG WATER SYSTEMS, INC Telephone #: 410-239-0700
Address: 4322 OPALIS CHOICE DR.
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rickey L. Ross, SR. License# PI0401

***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 #: 301-596-7280
Subdivision: PRESERVES @ CLARKSVILLE Lot #: 30 Well Tag #: HO-95-0242 ✓
Site Address: HEATHER ELEN WAY
CLARKSVILLE, MD. 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>BERKELEY</u>	Make: <u>HARWARD</u>	Two piece watertight cap: ✓
Model #: _____	Model#: <u>PT800</u>	Screened, vented well cap: ✓
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>15</u> GPM	NSF/WSC approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>200'</u> (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	House Connection
Type: <u>1" Poly</u>	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>FERRULO</u>

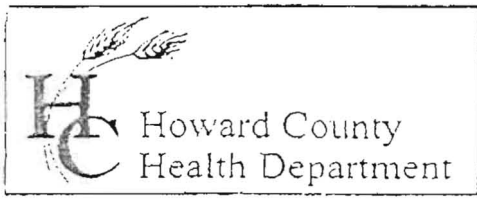
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Rickey L. Ross, SR. date: 6/28/11

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

Date Insp. Requested: 6/28/11 Date Insp. Approved: 6/28/11 Inspector: MS
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 ✓

6/28/11
Approved by MS
MS
6/28/11 - must add tag to house connection.



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

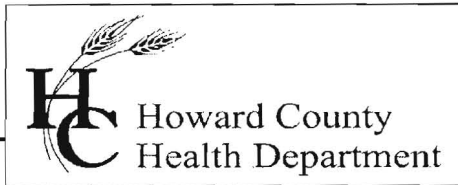
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- 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
Surnbury Grove



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

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

September 19, 2011

Homeowner
6219 Heather Glen Way
Clarksville, MD 21029

RE: The Preserve at Clarksville, Lot 30
6219 Heather Glen Way
BP #: B10002335
Well Tag: HO-95-0242

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/08/2011. Final approval of the well line connection to the dwelling was approved on 06/28/2011.**

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

Gross Alpha and Beta samples were also collected on 08/30/2011. Results showed a Gross Alpha level of 3.0 ± 1.0 pCi/L and **Gross Beta** level of 5.7 ± 1.4 pCi/L. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50 pCi/L. Future well water supply appears safe for all uses. An RO system has been installed to treat any future contaminants.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

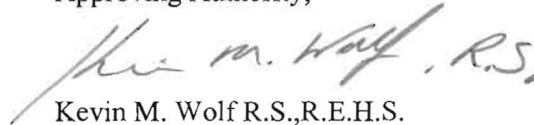
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0242. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 08/30/2011
Date of Radium Samples: 08/30/2011
Date of Well Completion: 03/24/2006

Approving Authority,

A handwritten signature in black ink that reads "Kevin M. Wolf, R.S." with a stylized flourish at the end.

Kevin M. Wolf R.S.,R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



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: 82474-1

Report Date: September 12, 2011

Property Sampled: 6219 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002335
Sampler ID #: 5745KC
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville
Map: 34 **Parcel:** 77 **Lot #:** 30

Date/Time Collected in Field: August 30, 2011 @ 2:22 pm
Date/Time Received in Lab: August 30, 2011 @ 4:00 pm

OK

Well Tag #: HO-95-0242
Well Condition: 2-Piece Cap, Satisfactory

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

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	8.2 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	9.4 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.7 Units	***
Sand		Absent	Absent	Pass

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.



Howard County
Health Department

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and SIDDHUR VASHIST & ALPA VASHIST ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12344 PREAMNESS CIRCLE LN, CLARKSVILLE, MD 21029 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # _____, Block # _____, Parcel # _____, Deed Reference # _____ and Tax Account # _____ ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit _____ that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

9/17/11

Date

9/17/11

Date

9/19/2011

Date

Owner

Owner

Owner

Howard County Health Department

Witness

Witness

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224 (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT

WARD COUNTY HEALTH DEPT
 ENVIRONMENTAL HEALTH

2006 MR 30 PM 3:12
 2006 MR 30 PM 3:13

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-16-06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL none

* PERSON ABANDONING WELL: Joseph L. Mayne

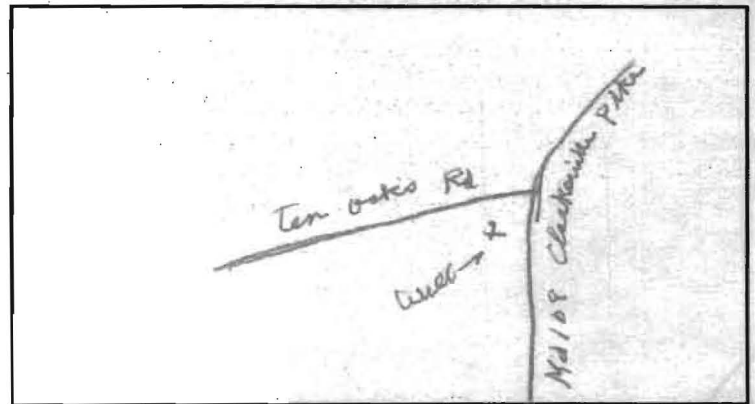
WELL DRILLERS LICENSE NUMBER: MSD024

* OWNER'S NAME: Clarksville Roadside LLC

CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 6390 Ten Oaks Rd



* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

_____ DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 150 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel & cement	0	150
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE # MSD024 CIRCLE ONE: MWD/MSD/MGD DATE: 3-17-06
 DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY



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CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 82474-2

Report Date: September 15, 2011

Property Sampled: 6219 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002335
Sampler ID #: 5745KC
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot #: 30

Date/Time Collected in Field: August 30, 2011 @ 2:19 pm

Date/Time Received in Lab: August 30, 2011 @ 4:00 pm

Well Tag #: HO-95-0242
Well Condition: 2-Piece Cap, Satisfactory

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

*OK
Treated sample*

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Radium 226	EPA 903.1	0.1 pCi/L	5 pCi/L	0.6 ± 0.2 pCi/L	Acceptable
Radium 228	EPA Ra-05	0.9 pCi/L	5 pCi/L	<0.9 ± 0.6 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs

 Katherine C. Higgs
 Manager – Drinking Water Testing



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OK

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

Raw Sample

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Radium 226	EPA 903.1	0.1 pCi/L	5 pCi/L	0.3 ± 0.1 pCi/L	Acceptable
Radium 228	EPA Ra-05	0.8 pCi/L	5 pCi/L	0.8 ± 0.6 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

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



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

Short Term - Raw

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.8 pCi/L	15 pCi/L	3.0 ± 1.0 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.9 pCi/L	50 pCi/L	5.7 ± 1.4 pCi/L	Acceptable

Long Term - Raw

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.2 pCi/L	15 pCi/L	3.0 ± 1.3 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.9 pCi/L	50 pCi/L	5.8 ± 1.4 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 Analysis completed by Laboratory #278



TRACE LABORATORIES, INC
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 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: 82474-2

Report Date: September 12, 2011

Property Sampled: 6219 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002335
Sampler ID #: 5745KC
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot #: 30

Date/Time Collected in Field: August 30, 2011 @ 2:19 pm
Date/Time Received in Lab: August 30, 2011 @ 4:00 pm

OK

Well Tag #: HO-95-0242
Well Condition: 2-Piece Cap, Satisfactory

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

Short Term - Treated

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.1 pCi/L	15 pCi/L	1.1 ± 0.9 pCi/L	Acceptable
Gross Beta	EPA 900.0	2.2 pCi/L	50 pCi/L	<2.2 ± 1.4 pCi/L	Acceptable

Long Term - Treated

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.1 pCi/L	15 pCi/L	<1.1 ± 0.8 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.9 pCi/L	50 pCi/L	<1.9 ± 1.2 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 Analysis completed by Laboratory #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:

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

S/O Number: 82250

Report Date: August 16, 2011

Radium Testing

Property Sampled: 6219 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002335
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot #: 30

Date/Time Collected in Field: August 8, 2011 @ 10:05 am

Date/Time Received in Lab: August 8, 2011 @ 3:00 pm

Well Tag #: HO-95-0242

Well Condition: 2-Piece Cap, Satisfactory

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

Must Be Raw Sample

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.8 pCi/L	15 pCi/L	<0.8 ± 0.6 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.8 pCi/L	50 pCi/L	<1.8 ± 1.2 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant



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: 82250 Amended
Report Date: August 9, 2011

Property Sampled: 6219 Heather Glen Way, 21029
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002335
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77
Lot #: 30

Date/Time Collected in Field: August 8, 2011 @ 10:05 am
Date/Time Received in Lab: August 8, 2011 @ 3:00 pm

Well Tag #: HO-95-0242
Well Condition: 2-Piece Cap, Satisfactory

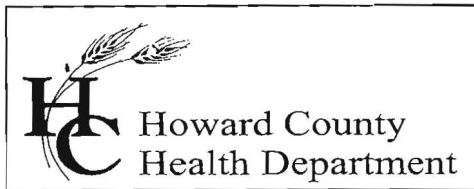
Water Treatment/Conditioning: Reverse Osmosis (R/O)

Must be Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.9 Units	***
Sand		Negative	Negative	

Katherine C. Higgs
 Katherine C. Higgs
 Administrative Assistant

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.



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 ~~28~~³⁰ Turnbury Grove
HO - 95 - 0242

To Whom this May Concern:

During the recent "yield test" of the well serving the future Lot ~~28~~³⁰ (located on Heather Glen Way), a sample was collected for volatile organic compounds (VOC's) on March 24, 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. Similar findings were noted for the corresponding Field and Trip Blank samples. With respect to these parameters, the future well water supply is **currently** safe for all uses.

A copy of the VOC 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, Assistant Director
Bureau of Environmental Health

Enclosure
cc: Lot 28 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

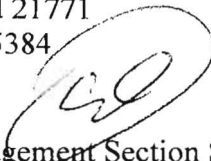
website: www.hchealth.org

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

Send Report To:

Howard County
Environmental
Health

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

961439 MAR 27 88

Do not write above this line

LABORATORY ANALYSIS REQUEST

Bottle No: HOB BTG 28950242 Well ³⁰ Plant/Site Name: Turnberry Grove ~~Lot 28~~ County: Howard

Sample Source: Heather Glen Way Clarksville Location: Well #HO-95-0242
Street Town or City (well no., lab sink, sample tap, etc.)

Sampler ID: 7485BB PWSID: Plant ID:

Collector: Brian Baker (410) 313-2643
(include telephone number)

Date Collected: 3/24/2006 Time Collected: 10:30 a.m. _____ p.m.

Field Preserved: Yes No Preservative Used: 1:1 HCl Ascorbic acid ^{Well} Na₂SO₄ 6 mg NH₄Cl

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

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Test Requested: Trihalomethanes Volatiles Semi-volatiles? Haloacetic Acids

FIELD DATA: _____
pH Free Cl Total Cl

Field Blank Bottle No.: HOB BTG 28950242 Field
Trip Blank Bottle No.: HOB BTG 28950242 Trip

Remarks: Initial Yield Test
Please Run Full Drinking Water Scan Including M+B

Section Chief: [Signature] Date Reported: 4/10/06

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

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: 961439 HOB BTG28950242WELL Method: EPA 524.2
 Date Analyzed: 04/06/06

Contaminants	DL*	MCL*	Result*	Contaminants	DL*	MCL*	Result*
TRIALOMETHANES				UNREGULATED			
Bromodichloromethane	0.5	na	ND	Dichlorodifluoromethane	0.5	na	ND
Bromoform	0.5	na	ND	Chloromethane	0.5	na	ND
Chloroform	0.5	na	ND	Bromomethane	0.5	na	ND
Dibromochloromethane	0.5	na	ND	Chloroethane	0.5	na	ND
TOTAL THMs	-	80	-	Trichlorofluoromethane	0.5	na	ND
REGULATED				1,1-Dichloroethane	0.5	na	ND
Benzene	0.5	5	ND	1,3-Dichlorobenzene	0.5	na	ND
Carbon Tetrachloride	0.5	5	ND	Dibromomethane	0.5	na	ND
Chlorobenzene	0.5	100	ND	1,1-Dichloropropene	0.5	na	ND
1,4-Dichlorobenzene	0.5	75	ND	trans-1,3-Dichloropropene	0.5	na	ND
1,1-Dichloroethene	0.5	7	ND	1,1,2,2-Tetrachloroethane	0.5	na	ND
1,2-Dichloroethane	0.5	5	ND	1,3-Dichloropropane	0.5	na	ND
1,2-Dichlorobenzene	0.5	600	ND	2,2-Dichloropropane	0.5	na	ND
1,2-Dichloropropane	0.5	5	ND	cis-1,3-Dichloropropene	0.5	na	ND
cis-1,2-Dichloroethene	0.5	70	ND	2-Chlorotoluene	0.5	na	ND
trans-1,2-Dichloroethene	0.5	100	ND	4-Chlorotoluene	0.5	na	ND
Ethylbenzene	0.5	700	ND	Bromobenzene	0.5	na	ND
Styrene	0.5	100	ND	1,3,5-Trimethylbenzene	0.5	na	ND
Tetrachloroethene	0.5	5	ND	1,2,4-Trimethylbenzene	0.5	na	ND
Trichloroethene	0.5	5	ND	1,2,3-Trichlorobenzene	0.5	na	ND
1,1,1-Trichloroethane	0.5	200	ND	n-Propylbenzene	0.5	na	ND
Toluene	0.5	1000	ND	n-Butylbenzene	0.5	na	ND
Vinyl Chloride	0.5	2	ND	Naphthalene	0.5	na	ND
o-Xylene	0.5	na	ND	Hexachlorobutadiene	0.5	na	ND
m+p-Xylene	1.0	na	ND	Isopropylbenzene	0.5	na	ND
Total Xylenes	1.5	10000	ND	1,2,3-Trichloropropane	0.5	na	ND
Methylene Chloride	0.5	5	ND	1,2-Dibromo-3-Chloropropane	0.5	na	ND
1,1,2-Trichloroethane	0.5	5	ND	p-Isopropyltoluene	0.5	na	ND
1,2,4-Trichlorobenzene	0.5	70	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-John*

Date Approved: 4/10/06

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

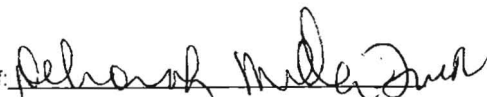
Certificate of Analysis - Volatiles

Sample Name: 961439 FB
 Date Analyzed: 04/06/06

Method: EPA 524.2

<u>Contaminants</u>	<u>DL*</u>	<u>MCL*</u>	<u>Result*</u>	<u>Contaminants</u>	<u>DL*</u>	<u>MCL*</u>	<u>Result*</u>
TRIHALOMETHANES				UNREGULATED			
Bromodichloromethane	0.5	na	ND	Dichlorodifluoromethane	0.5	na	ND
Bromoform	0.5	na	ND	Chloromethane	0.5	na	ND
Chloroform	0.5	na	ND	Bromomethane	0.5	na	ND
Dibromochloromethane	0.5	na	ND	Chloroethane	0.5	na	ND
TOTAL THMs	-	80	-	Trichlorofluoromethane	0.5	na	ND
REGULATED				1,1-Dichloroethane	0.5	na	ND
Benzene	0.5	5	ND	1,3-Dichlorobenzene	0.5	na	ND
Carbon Tetrachloride	0.5	5	ND	Dibromomethane	0.5	na	ND
Chlorobenzene	0.5	100	ND	1,1-Dichloropropene	0.5	na	ND
1,4-Dichlorobenzene	0.5	75	ND	trans-1,3-Dichloropropene	0.5	na	ND
1,1-Dichloroethene	0.5	7	ND	1,1,2,2-Tetrachloroethane	0.5	na	ND
1,2-Dichloroethane	0.5	5	ND	1,3-Dichloropropane	0.5	na	ND
1,2-Dichlorobenzene	0.5	600	ND	2,2-Dichloropropane	0.5	na	ND
1,2-Dichloropropane	0.5	5	ND	cis-1,3-Dichloropropene	0.5	na	ND
cis-1,2-Dichloroethene	0.5	70	ND	2-Chlorotoluene	0.5	na	ND
trans-1,2-Dichloroethene	0.5	100	ND	4-Chlorotoluene	0.5	na	ND
Ethylbenzene	0.5	700	ND	Bromobenzene	0.5	na	ND
Styrene	0.5	100	ND	1,3,5-Trimethylbenzene	0.5	na	ND
Tetrachloroethene	0.5	5	ND	1,2,4-Trimethylbenzene	0.5	na	ND
Trichloroethene	0.5	5	ND	1,2,3-Trichlorobenzene	0.5	na	ND
1,1,1-Trichloroethane	0.5	200	ND	n-Propylbenzene	0.5	na	ND
Toluene	0.5	1000	ND	n-Butylbenzene	0.5	na	ND
Vinyl Chloride	0.5	2	ND	Naphthalene	0.5	na	ND
o-Xylene	0.5	na	ND	Hexachlorobutadiene	0.5	na	ND
m+p-Xylene	1.0	na	ND	Isopropylbenzene	0.5	na	ND
Total Xylenes	1.5	10000	ND	1,2,3-Trichloropropane	0.5	na	ND
Methylene Chloride	0.5	5	ND	1,2-Dibromo-3-Chloropropane	0.5	na	ND
1,1,2-Trichloroethane	0.5	5	ND	p-Isopropyltoluene	0.5	na	ND
1,2,4-Trichlorobenzene	0.5	70	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: 

Date Approved: 4/10/06

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: 961439 TB
 Date Analyzed: 04/06/06

Method: EPA 524.2

<u>Contaminants</u>	<u>DL*</u>	<u>MCL*</u>	<u>Result*</u>	<u>Contaminants</u>	<u>DL*</u>	<u>MCL*</u>	<u>Result*</u>
TRIALOMETHANES				UNREGULATED			
Bromodichloromethane	0.5	na	ND	Dichlorodifluoromethane	0.5	na	ND
Bromoform	0.5	na	ND	Chloromethane	0.5	na	ND
Chloroform	0.5	na	ND	Bromomethane	0.5	na	ND
Dibromochloromethane	0.5	na	ND	Chloroethane	0.5	na	ND
TOTAL THMs	-	80	-	Trichlorofluoromethane	0.5	na	ND
REGULATED				1,1-Dichloroethane	0.5	na	ND
Benzene	0.5	5	ND	1,3-Dichlorobenzene	0.5	na	ND
Carbon Tetrachloride	0.5	5	ND	Dibromomethane	0.5	na	ND
Chlorobenzene	0.5	100	ND	1,1-Dichloropropene	0.5	na	ND
1,4-Dichlorobenzene	0.5	75	ND	trans-1,3-Dichloropropene	0.5	na	ND
1,1-Dichloroethene	0.5	7	ND	1,1,2,2-Tetrachloroethane	0.5	na	ND
1,2-Dichloroethane	0.5	5	ND	1,3-Dichloropropane	0.5	na	ND
1,2-Dichlorobenzene	0.5	600	ND	2,2-Dichloropropane	0.5	na	ND
1,2-Dichloropropane	0.5	5	ND	cis-1,3-Dichloropropene	0.5	na	ND
cis-1,2-Dichloroethene	0.5	70	ND	2-Chlorotoluene	0.5	na	ND
trans-1,2-Dichloroethene	0.5	100	ND	4-Chlorotoluene	0.5	na	ND
Ethylbenzene	0.5	700	ND	Bromobenzene	0.5	na	ND
Styrene	0.5	100	ND	1,3,5-Trimethylbenzene	0.5	na	ND
Tetrachloroethene	0.5	5	ND	1,2,4-Trimethylbenzene	0.5	na	ND
Trichloroethene	0.5	5	ND	1,2,3-Trichlorobenzene	0.5	na	ND
1,1,1-Trichloroethane	0.5	200	ND	n-Propylbenzene	0.5	na	ND
Toluene	0.5	1000	ND	n-Butylbenzene	0.5	na	ND
Vinyl Chloride	0.5	2	ND	Naphthalene	0.5	na	ND
o-Xylene	0.5	na	ND	Hexachlorobutadiene	0.5	na	ND
m+p-Xylene	1.0	na	ND	Isopropylbenzene	0.5	na	ND
Total Xylenes	1.5	10000	ND	1,2,3-Trichloropropane	0.5	na	ND
Methylene Chloride	0.5	5	ND	1,2-Dibromo-3-Chloropropane	0.5	na	ND
1,1,2-Trichloroethane	0.5	5	ND	p-Isopropyltoluene	0.5	na	ND
1,2,4-Trichlorobenzene	0.5	70	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-Jud

Date Approved: 4/10/06