

C1 6989 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 A 520 414

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 340 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0709

OWNER Winchester Homes Inc. STREET OR RFD Open Run Rd TOWN Edcott City SUBDIVISION Rivewood Phase 2 SECTION LOT 62

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone and Gray granite.

GROUTING RECORD section including GROUTING RECORD, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section including CASING RECORD, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) section including diameter, depth.

SCREEN RECORD section including screen type or open hole, SCREEN RECORD, insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

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. M S D 0 24. DRILLERS SIGNATURE. LIC. NO. D

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

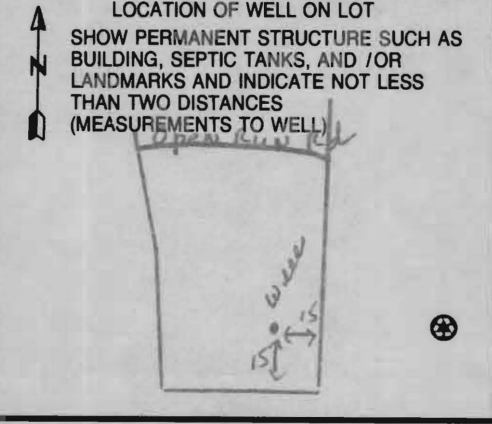
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST section including PUMPING TEST, HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 9872
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

J25693

please type

120 - 95 - 0707
70 fill in this form completely 79

Date Received (APA)

2/1/07
8 MM DD YY 13

OWNER INFORMATION

Winchester Homes Inc.
15 Last Name Owner First Name 34

6905 Rockledge Ln Suite 800
36 Street or RFD 55

Bethesda Md 20817
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Riverwood Phase 2
23 SUBDIVISION 42

SECTION 44 46 LOT 62 48 50

Elliott City
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION

Joseph L Mayne M S D 224
76 Driller's Name License No. 81

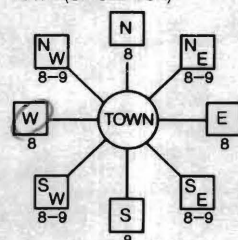
Joseph Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt. Airy Md 21771
Address

Joseph L Mayne 1-30-07
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Open Run Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 300 37
DISTANCE FROM ROAD
ENTER FT OR MI FT 39

TAX MAP: 29 BLK: 4 PARCEL 20

B 2 WELL INFORMATION

1 2
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 A520414
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 2/13/07
43 MM DD YY 48 CO SIGNATURE Kim Waff 2/13/08 EXP. DATE

NORTH GRID 515 000 EAST GRID 0828 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEINED 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 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 H02004-G-007

PERMIT No. H0 - 95 - 0707
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED

NEED RADIUM SAMPLE

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

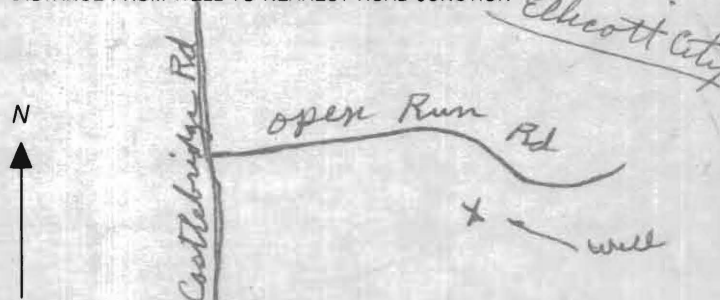
SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8208
N 515

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



6/18/07 - Radium Sample Taken During Yield Test BB

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Riverwood Lot #: 62 Well Tag #: HO-95-6707
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

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

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required – Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 7/29/11 Date Insp. Approved: OK 7/29/11 (KW)

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection under footer
Adequate grout observed below pitless adapter ✓

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NATIONAL WATER SERVICE Telephone #: 301-854-1333
Address: P.O. BOX 138
Ashton MD 2

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**

License # and name of individual responsible for the field installation:
Name (Print): DAVID RY License# PI 045

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WINCHESTER HOMES Telephone #: 301-803-4174
Subdivision: RIVERWOOD Lot #: 62A Well Tag #: HO-95-0707
Site Address: 12089 OPEN RUN RD
ELICOTT CITY, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 SQE16-250</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM <u>5</u>	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>70</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one NO CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house
Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

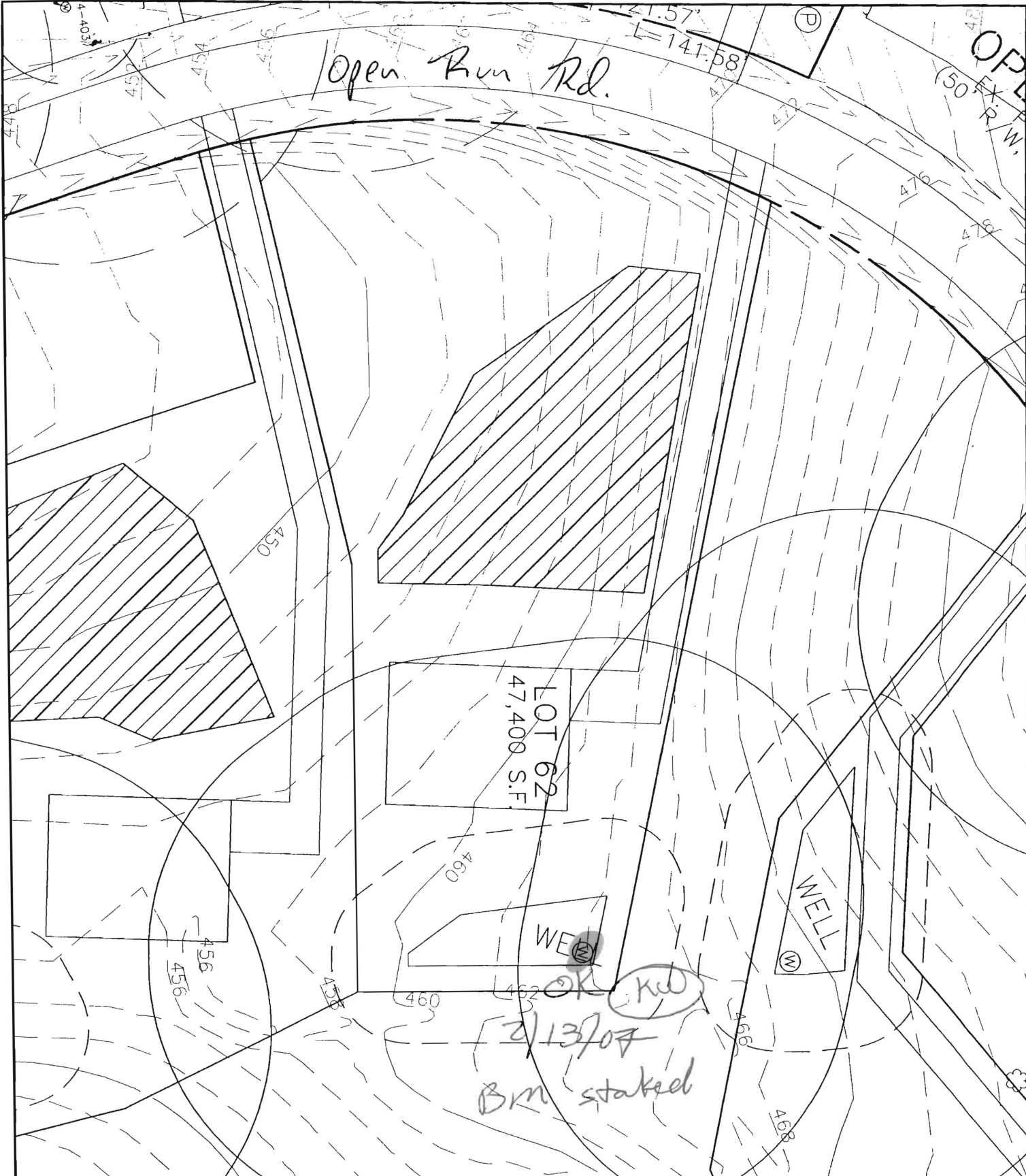
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 8-2-11

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

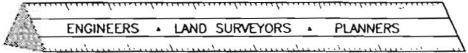
Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

Open Run Rd.



BENCHMARK

RIVERWOOD, PHASE 2



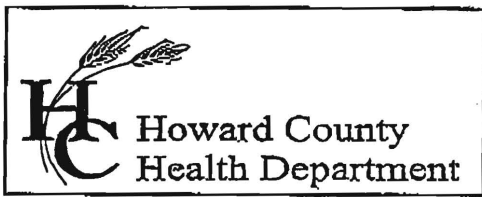
LOT 62

ENGINEERING, INC.

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

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

SCALE: 1" = 50' DATE: 1/24/07



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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
 Subdivision/Property Name Lot# Road Name(s)
Open Run Road & Whitcorn Way

The well site has been staked by Benchmark Eng,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.
all lots will be staked by 12/29/06

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.

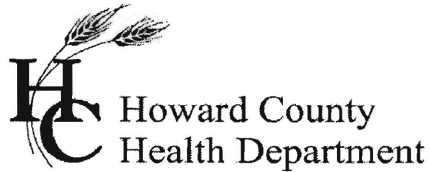
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Contact is:
 Easterday's
 301-829-1440

2006 DE 18 PM 2:32





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 28, 2011

Homeowner
12039 Open Run Road
Ellicott City, MD 21042

RE: Riverwood, Lot 62
12039 Open Run Road
BP #: B11000886
Well Tag: HO-95-0707

Dear Homeowner:

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 08/12/2011. Final approval of the well line connection to the dwelling was approved on 07/29/2011.**

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.

Radium samples were also collected on 08/31/2011. Results showed a Radium 226 level of **0.6 pCi/L** and **Radium 228** level of **<0.9 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 50pCi/L. Future well water supply appears safe for all uses.

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-95-0707 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.

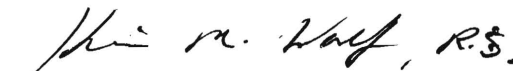
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 08/03/2011, 08/10/2011, &08/17/2011, 08/31/11

Date of Radium Samples: 08/17/2011

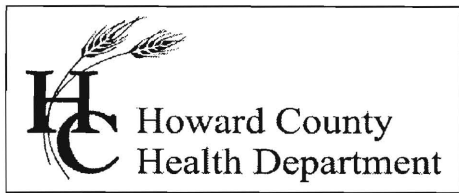
Date of Well Completion: 06/18/2007

Approving Authority,



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

cc: Building Inspector's Office
Community Hygiene Program
File



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

August 31, 2011

Homeowner
12039 Open Run Road
Ellicott City, MD 21042

RE: Riverwood, Lot 62
12039 Open Run Road
BP #: B11000886
Well Permit # HO-95-0707

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 08/12/2011. Final approval of the well line connection to the dwelling was approved on 07/29/2011.**

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.

TEMPORARY INTERIM CERTIFICATE OF POTABILITY

This is a **Temporary Deviation** to allow additional time for radium testing to be done, and if needed appropriate treatment installed so that levels meet EPA recommendations.

This temporary deviation is good for **30 days** to allow time for radium testing. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents passing test results for **Gross Alpha/ Gross Beta, long term (before and after treatment) and Radium 226/228 post treatment.**

The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.

Date of Water Samples: 08/03/2011 & 08/17/2011
Gross A/B short term pre treatment: 08/3/2011
Gross A/B short term post treatment: 8/17/2011
Gross A/B long term pre and post treatment: pending
Radium 226/228 post treatment: pending
Date of Well Completion: 06/18/2007

Approving Authority,

 A handwritten signature in black ink, appearing to read 'B. Baker', followed by the text 'for:'.

Brian Baker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

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 BOB YU ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12039 OPEN RUN Rd., ELICOTT CITY and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 29, Block # 4, Parcel # 20, Deed Reference # 11373 ^{Lib} and Tax Account # 351505 ₀₄₇₈ ("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 HO-95-0707 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.

8/24/2011

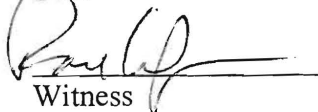
Date

8/24/2011

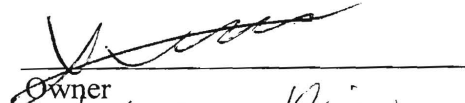
Date

8/24/2011

Date


Witness

Witness


Owner

Wenqun Ding

Beit Nijon

Howard County Health Department

8/26/11

Circuit Court for
HOWARD COUNTY
Clerk of the Court,
MARGARET D. RAPPAPORT
8360 COURT AVENUE
ELLCOTT CITY, MD 21043-
(410) 313-2111

Transaction Blocks:	1354
Ref: 81.	
MISC	AMOUNT
IMP FD SURE \$5	40.00
RECORDING FEE \$20.00	20.00
SUBTOTAL:	60.00
TOTAL CHARGES:	60.00
PAYMENTS	
CHECK	60.00
TOTAL TENDERED:	60.00

Cashier: KMC Reg # H003
Rcpt # 18490
Date: Aug 26, 2011 Time: 02:17 pm

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1410 Old Pine Green Rd. Westminster, MD (410) 848-0034 (410) 876-4354 FAX (410) 848-0290

REPORT OF ANALYSIS

Laboratory ID #:	81060	Account #:	3123
Reference:	Riverwood Lot 62	Company:	National Water Servicing
Location:	12039 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/31/2011 1233	Source:	Well Water
Date/Time Rec'd:	8/31/2011 1334	Site:	Post Treatment
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.1
		Well #:	HO-95-0707

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.6	pCi/L	****	903.1	9/14/2011 / 1007 / MJN
Radium-228	<0.9	pCi/L	****	Ra-05	9/14/2011 / 1129 / SN
Gross Alpha, Short Term	8.1	pCi/L	15	900.0	9/7/2011 / 0451 / MJN
Gross Beta, Short Term	2.7	pCi/L	50	900.0	9/7/2011 / 0451 / MJN

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Gross Alpha Detection Limit: 1.3 pCi/L; Gross Beta Detection Limit: 1.9 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.9 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Subcontracted to Reference Lab #278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000886

Date Reported: 9/16/2011

MOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 115 Old Pine Grove Rd. Westminster, MD 21157-1814 TEL (410) 376-8554 FAX (410) 376-0596

REPORT OF ANALYSIS

Laboratory ID #:	80890	Account #:	3123
Reference:	Riverwood Lot 62	Company:	National Water Servicing
Location:	12039 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/17/2011 1100	Source:	Well Water
Date/Time Rec'd:	8/17/2011 1315	Site:	Test Port after Treatment
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.5
		Well #:	HO-95-0707

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<1.9	pCi/L	15	900.0	8/19/2011 / 0657 / MJN
Gross Beta	<2.5	pCi/L	50	900.0	8/19/2011 / 0657 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 1.9 pCi/L
 - 2 Gross Beta Detection Limit: 2.5 pCi/L
 - 3 pCi/L = picocuries per liter
 - 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 5 Subcontracted to Reference Lab #278
 - 6 ND:None Detected
 - 7 Visual well check: Sealed, vented cap
 - 8 pH and Chlorine level tested on site
- Reason for Test :** Use & Occupancy
Building Permit # : B11000886

Date Reported: 8/23/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 10001 Laneview Rd. Westminster, MD 21157-1115 (410) 530-1557 FAX (410) 530-1298

REPORT OF ANALYSIS

Laboratory ID #:	80788	Account #:	3123
Reference:	Riverwood Lot 62	Company:	National Water Servicing
Location:	12039 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/10/2011 1136	Source:	Well Water
Date/Time Rec'd:	8/10/2011 1251	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Neutralizer/Sed Filter***
Collected By:	J.Yeager 6176JY	pH:	6.4
		Well #:	HO-95-0707

RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml <1.0	SM18 9223	8/11/2011 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml <1.0	SM18 9223	8/11/2011 / 0900 / CCH

NOTES

- 1 **Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000886

Date Reported: 8/11/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 80699 Account #: 3123
Reference: Riverwood Lot 62 Company: National Water Servicing
Location: 12039 Open Run Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/3/2011 1240 Site: Pressure Tank
Date/Time Rec'd: 8/3/2011 1715 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: C. Holland 0547CH Well #: HO-95-0707

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM18 9223	8/4/2011 / 1130 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/4/2011 / 1130 / CCH
Nitrate	1.23	mg/L	10	601	8/3/2011 / 1730 / ccc
Turbidity	4.90	NTU	<10	SM18 2130B	8/3/2011 / 1730 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	8/3/2011 / 1730 / CCH

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B11000886

Date Reported: 8/5/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	80700	Account #:	3123
Reference:	Riverwood Lot 62	Company:	National Water Servicing
Location:	12039 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/3/2011 1240	Source:	Well Water
Date/Time Rec'd:	8/3/2011 1715	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Holland 0547CH	pH:	7.3
		Well #:	HO-95-0707

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	219	pCi/L	15	900.0	8/6/2011 / 1035 / MJN
Gross Beta	34.1	pCi/L	50	900.0	8/6/2011 / 1035 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 0.9 pCi/L
- 2 Gross Beta Detection Limit: 1.4 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Reference Lab # 278
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B11000886

Date Reported: 8/9/2011