

C1 4058

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, TOWN, SECTION, LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Overburden, Soft Sand, Gray Rock, Ht water.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Diagram of casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter, depth

SCREEN RECORD

Diagram of screen types (ST, BR, HO, PL, OT), screen type or open hole

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

- CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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. 1 M WD 120, DRILLERS SIGNATURE

LIC. NO. 1 D

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

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 6.52, METHOD USED TO MEASURE PUMPING RATE Watch & Buckle, WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft, WHEN PUMPING 92 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 41, CASING HEIGHT (circle appropriate box and enter casing height) F above LAND SURFACE (nearest foot) 50

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) N 95 1972 W 076 56 350

B 1 3806
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
633282 please type

STATE PERMIT NUMBER

40-95-1927
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Upchurch Don
15 Last Name Owner First Name 34

457 Old Orchard Circle
36 Street or RFD 55

Millersville MD 21108
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Fulton Manor II
23 SUBDIVISION 42

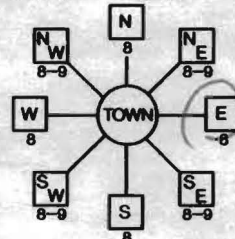
SECTION 44 46 LOT 2 48 50

Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

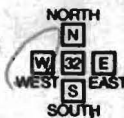
B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Pleasant View Drive
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



45
34 37
DISTANCE FROM ROAD FT 38 39

TAX MAP: 40 BLK: 6 PARCEL 205

DRILLER INFORMATION

Sandy B. Cochran M W D 120
76 Driller's Name License No. 81

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature Date 6/2/10

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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

Howard (13) A519061
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 6/21/2010
CO SIGNATURE Brian Baker 6/21/2011 EXP. DATE

NORTH GRID 489 000 EAST GRID 817 000
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

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G

PERMIT No. 40-95-1927
70 71 72 73 74 75 76 77 78 79

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 8167
N 48089

000
000

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



HARR WELL DRILLING
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 09-10-10
Address: Pleasant View Drive
Owner: Don Upchurch
Well Depth: 300 Ft

Permit Number: HO-95-1927
Subdivision: Fulton Manor II L#2
Election District:
Static Water Level: 20 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 Gallon bucket	Calculated Flow-Gallons Per Minute
0830	20 ft		17 sec	17.64
0845	46		20	15.00
0900	58		22	13.63
0915	72		26	11.53
0930	78		33	9.09
0945	82		36	8.33
1000	88		40	7.50
1015	92		42	7.14
1030	92		44	6.81
1045	92		46	6.52
1100	92		46	6.52
1115	92		46	6.52
1130	92		46	6.52

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: Trinity Quality Homes Inc Telephone #: 410-480-0023
Address: 3625 Park Ave #301
Ellicott City MD 21043

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

License # and name of individual responsible for the field installation:
Name (Print): Michael Bowersox License# 11202 *

*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: Trinity Quality Homes Inc Telephone #: 410-480-0023
Subdivision: Fulton Manor Lot #: 2 Well Tag #: HO-95-1927
Site Address: 12303 Pleasant View Dr
Highland MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American brandy</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-12plvs-p4-a</u>	Model#: <u>LF200</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>1/2</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, 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 NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>plastic black</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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

* [Signature] Signature of company representative responsible for installation
* 6-10-04 date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: [Signature]

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

FM112V

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: Trinity Quality Homes Inc Telephone #: 410-480-0023
Address: 3625 Park Ave # 301
Ellicott City MD 21043

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

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

Name (Print): Michael Bowersox License# 11202 *

*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: Trinity Quality Homes Inc Telephone #: 410-480-0023
Subdivision: Fulton Manor Lot #: 2 Well Tag #: HO-95-1927
Site Address: 12303 Pleasant View Dr
Highland MD 20777

Submersible Pump Data

Make: Myers
Model #: 25752-12 plus-p4-a
Pump Capacity: 1/2 GPM
Well Yield: 6 GPM

Pitless Adapter

Make: American branby
Model #: LF200
Depth: yes (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 300 (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 NO

Piping to house

Type: plastic black
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 10ft
Sleeve sealed properly: yes

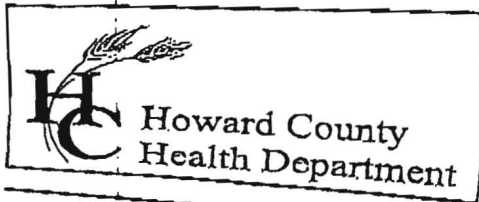
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] Signature of company representative responsible for installation
[Signature] 6-10-14 date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

- 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 _____



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2640
 TDD (410) 313-2323 Toll Free 1-866-313-2640
 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:

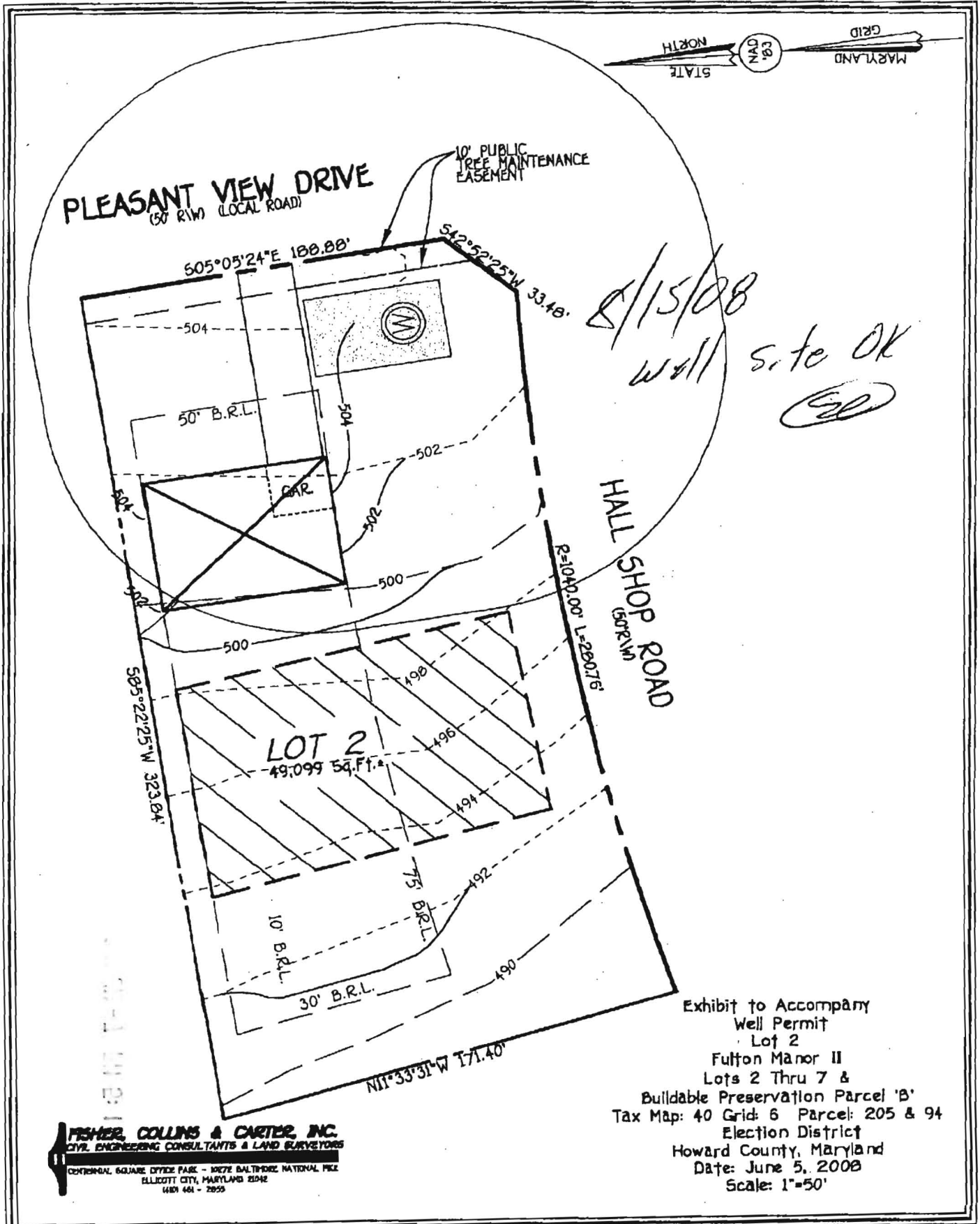
Well Site Location:	2-7,	
<u>Fulton Manor II</u>	<u>Parcel B</u>	<u>Pleasant View Drive</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Fisher, Collins + Carter, Inc.
 (professional land surveyor or company employing professional land surveyors)
 on 7/11/08 (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.

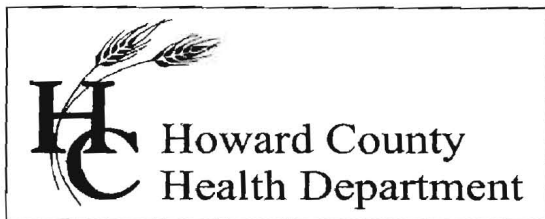
Revised 3/11/05



8/15/08
 well site OK
 (Signature)

Exhibit to Accompany
 Well Permit
 Lot 2
 Fulton Manor II
 Lots 2 Thru 7 &
 Buildable Preservation Parcel 'B'
 Tax Map: 40 Grid: 6 Parcel: 205 & 94
 Election District
 Howard County, Maryland
 Date: June 5, 2008
 Scale: 1"=50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461-2855



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-6300 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – 6 months from letter date

October 15, 2014

Homeowner
12303 Pleasant View Drive
Highland, MD 20777

RE: Fulton Manor II, Lot 2
12303 Pleasant View Drive
Building Permit: B13004591
Well Permit: HO-95-1927

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/29/2014**. Final approval of the well line connection to the dwelling was granted on **6/10/2014**. The well construction was completed on **8/25/2010**. Water samples were collected on **8/19/2014, 9/30/2014, and 10/7/2014**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Radium 226 and Radium 228 samples were also collected on **8/19/2014**. Results showed a Radium 226 level of **4.2 ± 0.6 pCi/L** and Radium 228 level of **< 1.0 ± 0.7 pCi/L**. **This exceeds the combined maximum contaminant level (MCL) of 5 pCi/L.**

After installation of a radionuclide removal devices (Softener, Sediment Filter), post-treatment water samples were collected on **9/30/2014** and indicated a **Radium 226** level of **< 0.3 ± 0.2 pCi/L**, and a Radium 228 level of **< 0.8 ± 0.5 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Radium 226/228 level of less than **5 pCi/L**.

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 radionuclide analysis perform a radionuclide analysis at six month intervals to determine an appropriate maintenance regime for the treatment devices. Yearly radionuclide analyses is recommended after a maintenance regime is established.
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-95-2002. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

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



Howard County
Health Department

Bureau of Environmental Health
8930 Stanford Blvd Columbia, MD 21045
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

February 14, 2014

Tim Keane, Project Manager
Trinity Quality Homes
tkeane@trinityhomes.com

RE: 12303 Pleasant View Drive, Fulton Manor II, Lot 2; Radium Test
Well tag: HO-95-1927

Dear Mr. Hart,

Please be advised that a water sample must be obtained and evaluated to assess the possible presence of **Gross Alpha** and **Gross Beta**, and **Radium** in the future well water supply. A grab sample was not obtained for this analysis when the yield test was conducted on August 25, 2010.

It will be necessary to conduct tests for **Gross Alpha, Gross Beta (short-term and long-term), and Radium** prior to issuance of an Interim Certificate of Potability (ICOP), in essence prior to Use and Occupancy. You may choose to test either (A) a raw water sample, or (B) a post-treatment sample. The analysis of each water sample may require up to a month.

Should you choose to install a treatment system, an agreement for installation and maintenance must be signed by you (as owner) and the Director, Bureau of Environmental Health, and then recorded at Howard County Land Records. The agreement is attached with this letter. This agreement must be recorded prior to issuance of the ICOP.

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

Sincerely,

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

Enclosure: 1

Copy: Well and Septic property 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:

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

S/O Number: 94157

Report Date: September 3, 2014

Property Sampled: 12303 Pleasant View Drive, 20759
Sample Location: Wellhead (After Purging)
Residual Chlorine: <0.1 mg/L

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

County: Howard **Subdivision:** Fulton Manor II **Lot #:** 2

Date/Time Collected in Field: August 19, 2014 9:00 am
Date/Time Received in Lab: August 19, 2014 2:10 pm

Well Tag #: HO-95-1927
Well Condition: 2-Piece Cap, Removed for Sampling

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	8.6 ± 1.9	Pass
Gross Beta, Short-Term	EPA 900.0	50	7.3 ± 1.6	Pass
Gross Alpha, Long-Term	EPA 900.0	15	7.4 ± 1.5	Pass
Gross Beta, Long-Term	EPA 900.0	50	7.7 ± 1.5	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	4.2 ± 0.6	FAIL*
Radium 228	EPA Ra-05		<1.0 ± 0.7	

*This result may be higher than the MCL when error is taken conservatively.

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

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



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 95078-2

Report Date: October 14, 2014

Property Sampled: 12303 Pleasant View Drive, 20759
Sample Location: Kitchen Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004591
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Fulton Manor II

Lot #: 2

Date/Time Collected in Field: September 30, 2014 12:47 pm

Date/Time Received in Lab: September 30, 2014 3:01 pm

Well Tag #: HO-95-1927

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Sediment Filter

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	<1.8 ± 1.1	Pass
Gross Beta, Short-Term	EPA 900.0	50	<2.3 ± 1.4	Pass
Gross Alpha, Long-Term	EPA 900.0	15	<1.1 ± 0.9	Pass
Gross Beta, Long-Term	EPA 900.0	50	<1.9 ± 1.2	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	<0.3 ± 0.2	Pass
Radium 228	EPA Ra-05		<0.8 ± 0.5	

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

Katherine C. Higgs

Katherine C. Higgs
 Manager - Drinking Water Testing



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 95078-1

Report Date: October 1, 2014

Property Sampled: 12303 Pleasant View Drive, 20759
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004591
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Fulton Manor II

Lot #: 2

Date/Time Collected in Field: September 30, 2014 12:40 pm

Date/Time Received in Lab: September 30, 2014 3:01 pm

Well Tag #: HO-95-1927

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	8.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	4.4 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.1 Units	***
Sand		Absent	Absent	Pass

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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.



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 95262

Report Date: October 8, 2014

Bacteria Retest #1

Property Sampled: 12303 Pleasant View Drive, 20759
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004591
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Fulton Manor II

Lot #: 2

Date/Time Collected in Field: October 7, 2014 9:52 am

Date/Time Received in Lab: October 7, 2014 4:34 pm

Well Tag #: HO-95-1927

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

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

B 1 6931

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
529506 please type

STATE PERMIT NUMBER
HO-95-1661
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
upchurch DON
15 Last Name Owner First Name 34
457 old orchard circle
36 Street or RFD 55
Millersville MD 21108
57 Town 70 State 72 Zip 76

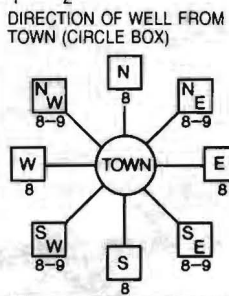
B 3 LOCATION OF WELL

8 COUNTY Howard 21
Fulton Manor II
23 SUBDIVISION 42
SECTION 44 46 LOT 2 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

Michael Isom M SD162
Driller's Name 76 License No. 81
G Edgar Harr Sons Corp
Firm Name
12047 Falls Rd 21030
Address
MA 6/26/08
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Pleasant View Drive
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 200 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 6 PARCEL 205

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 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

Howard 4520977
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 8/15/08 8/15/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 490 0 0 0 EAST 817 0 0 0
GRID 50 55 GRID 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.

METHOD OF DRILLING (circle one)

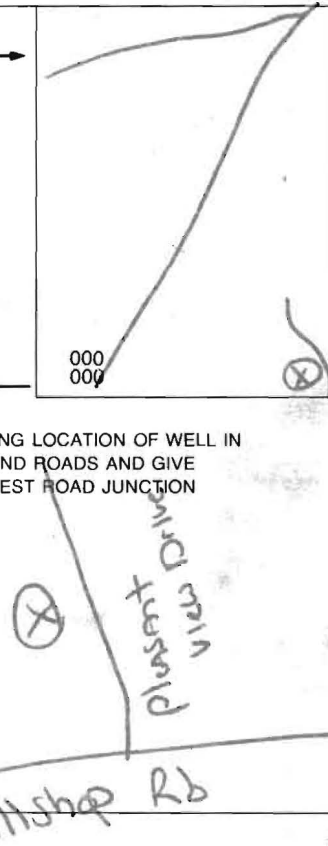
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

WRITE THE BOX NUMBER FROM THE MAP HERE
E 817
N 490

REPLACEMENT OR DEEPEMED 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 DEEPEMED 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



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

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. HO-95-1661
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED