

C1 7498

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 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 03 26 08

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1390

OWNER Bassler Alfred STREET OR RFD Autumn Tree Lane TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT 8

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. Rows include Top Soil, Sandy, Sandstone, White mica, Sandstone, Blue mica.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. M S D 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 21 54 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 23

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) HO 21 200

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 13 ft.

WHEN PUMPING 15 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (N)

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 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

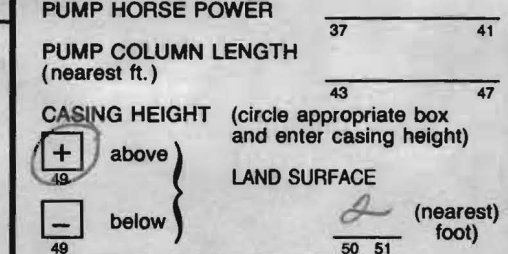
CASING HEIGHT (circle appropriate box and enter casing height)

(+) above LAND SURFACE

(-) below (nearest foot) 2

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)



B 1 0575
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526621 please type

STATE PERMIT NUMBER
HO-95-1390
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76
Bassler Venture LLC
15950 N. AVE
Lisbon MD. 21765

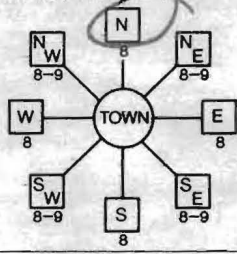
B 3 LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 8 48 50
52 NEAREST TOWN 71
Howard
Walnut Creek
Phase I
Clarksville

DRILLER INFORMATION

76 Driller's Name License No. 81
81 Firm Name
Address
Signature Date
Ralph E. Wayne M SD 117
Ralph E. Wayne Inc
17024 Handy Rd. Mt Airy MD 21771
3-30-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
Autumn Tree Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 11 PARCEL 49
Approx 220
NORTH
WEST EAST
SOUTH

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1/14/2008 Brian Baber 1/14/2009
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 509 000 EAST GRID 816 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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

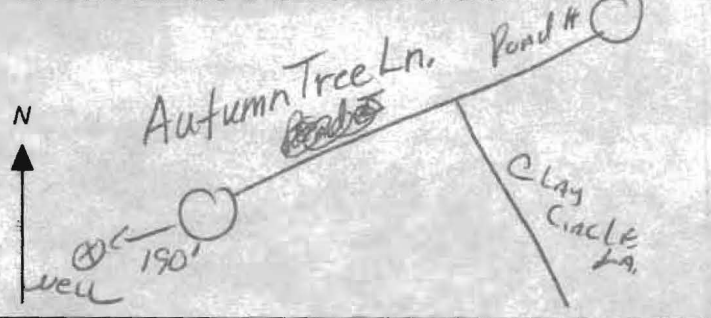
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8146
N 5089
000
000

3/24/08
Sample collected @ yield.
KW

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



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 DEEPEEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

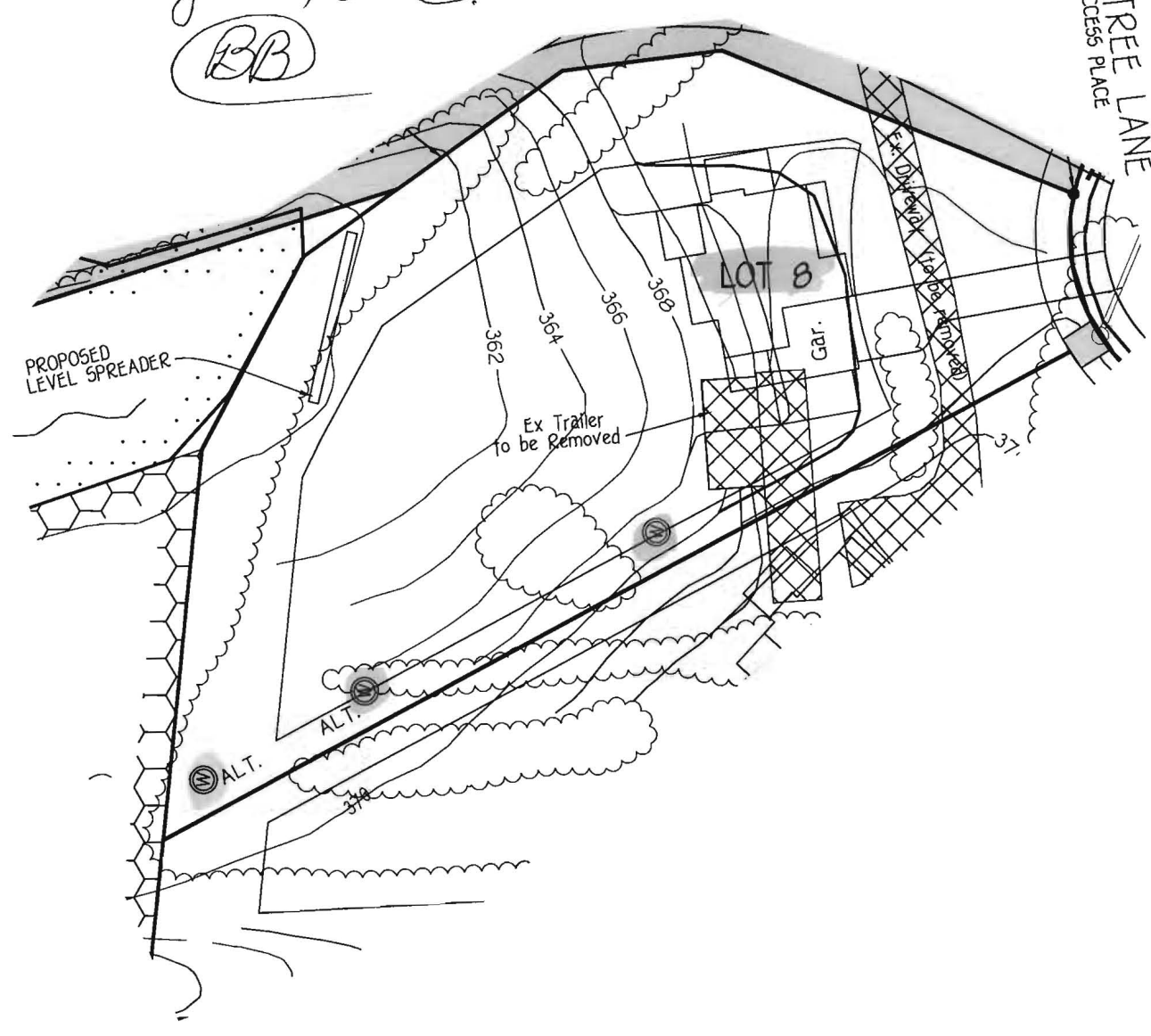
APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1390
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Drill Well Per Plan SP-06-07, Radium Sample

1/14/08
 Well Site Staked
 by F, C + C.
 (BB)

AUTUMN TREE LANE
 PUBLIC ACCESS PLACE

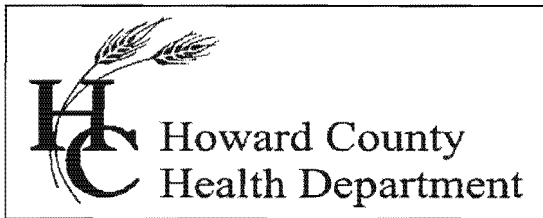


FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

WELL LOCATION PLAN
 LOT 8
 ZONED RC-DEO & RR-DEO
 TAX MAP No. 28 GRID No. 4, 5, 10-12, 17 & 18
 PARCEL No. 49
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' DATE: JANUARY, 2008

I:\2004\04001\dwg\Revised Well Maps - Phase 1.dwg, 1/16/2008 12:06:25 PM

1/16/08 REVISED WALNUT CREEK - LOT 8
 WELL MAP
 JEREMY RUTTER (410) 982-2882



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

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – MAY 17, 2015

November 17, 2014

Luigi (Gino) and Rita Palma-Esposito
12325 Autumn Tree Lane
Clarksville, MD 21029

RE: Walnut Creek, Lot 8
12325 Autumn Tree Lane
Building Permit: B13004173
Well Permit: HO-95-1390

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 **10/10/2014**. Final approval of the well line connection to the dwelling was granted on **4/11/2014**. The well construction was completed on **3/26/2008**. Water samples were collected on **10/17/2014, 10/27/2014, and 11/12/2014**.

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

Gross Alpha and Beta samples were also collected on **3/26/2008**. Results showed a Gross Alpha level of **24.0 ± 4.0 pCi/L** and Gross Beta level of **9.0 ± 2.0 pCi/L**. **This exceeds the maximum contaminant level (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device(water softener), post-treatment water samples were collected on **10/17/2014** and indicated a Gross Alpha level of **11.3 ± 3.7 pCi/L**, a Gross Beta level of **19.1 ± 2.9 pCi/L**, and a Radium 226/228 level of **<1.2 ± 0.7 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 Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and 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.

**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: DOIT Plumbing, Heating LLC Telephone #: 240882-0069
Address: 9955 GID mill Rd.
Ellicott City Md. 21042

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

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

Name (Print): Duane Gilbert License# 21899

*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: TBT Telephone #: 410-480-0023
Subdivision: WALNUT CREEK Lot # 8 Well Tag #: HO-95-1390
Site Address: 12325 Autumn Tree Ln
CLARKSVILLE: 21029

<u>Submersible Pump Data:</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>ZST52-12Plus-P4-2</u>	Model#: <u>LF200</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>Yes</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>Yes</u>	Conduit min 1 1/2" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>200</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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt No

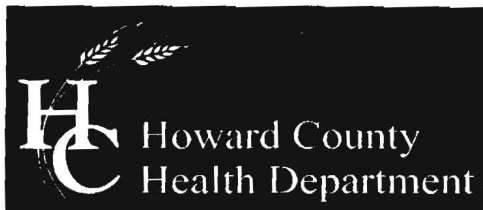
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>plastic black</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>Yes</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, 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: _____ Date Insp. Approved: 4/11/14 KMW
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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

May 12, 2008

Heritage Realty & Land Development
15950 North Avenue
P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek, Lot #8
Autumn Tree Lane
Well Tag: HO - 95 - 1390

To Whom It May Concern:

A sample was collected from a yield test on March 26, 2008 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 24.0 ± 4.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 9.0 ± 2.0 pCi/L. The **Gross Alpha** result was above its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its MCL, additional testing for **Gross Alpha**, **Gross Beta** and **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results (for all 3 parameters) confirming that levels are in conformance with existing standards. These tests are in addition to the standard parameters required for Use & Occupancy.

Additionally, if treatment is installed, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic property file

Send Report To:

Bert Niden

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 140-95-1390 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Creek - Lot 8 County: Harrod

Sample Source: Autumn Tree in Location: 140-95-1390
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Collector: K. Wolf Telephone No: 410-313-2648

Date Collected: 3/26/08 Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample collected @ field pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2104	24±4	03/28/08
✓	Gross Beta	4100	2104	9±2	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 03/27/08

Supervisor: S. Wise

CUSTOMER COPY I
PROGRAM



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: 96227

Report Date: November 13, 2014

Bacteria Retest #2

Property Sampled: 12325 Autumn Tree Lane, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13004173
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 8

Date/Time Collected in Field: November 12, 2014 1:57 pm
Date/Time Received in Lab: November 12, 2014 4:30 pm

Well Tag #: HO-95-1390
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.

OK
TJB
11/12/2014

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: 95599-2

Report Date: November 3, 2014

Property Sampled: 12325 Autumn Tree Lane, 21029 **Building Permit #:** B13004173
Sample Location: Powder Room Tap **Sampler ID #:** 7483AM
Residual Chlorine: <0.1 mg/L **Samples Iced:** Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 8

Date/Time Collected in Field: October 17, 2014 1:48 pm
Date/Time Received in Lab: October 17, 2014 3:54 pm

Well Tag #: HO-95-1390
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, Softener

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	11.3 ± 3.7 = 15	Pass
Gross Beta (Short-Term)	EPA 900.0	50	19.1 ± 2.9	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	3.9 ± 1.1	Pass
Gross Beta (Long-Term)	EPA 900.0	50	20.6 ± 1.1	Pass
Radium 226	EPA 903.1	5 pCi/L	0.5 ± 0.2	Pass
Radium 228	EPA Ra-05	Combined	<0.7 ± 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.

OK mb 11/17/2014

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: 95845

Report Date: October 28, 2014

Bacteria Retest #1

Property Sampled: 12325 Autumn Tree Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004173
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Walnut Creek

Lot #: 8

Date/Time Collected in Field: October 27, 2014 2:06 pm
Date/Time Received in Lab: October 27, 2014 3:43 pm

Well Tag #: HO-95-1390
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<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.

*Bacteria FAIL
 reb 11/12/2014*

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: 95599-1

Report Date: October 20, 2014

Property Sampled: 12325 Autumn Tree Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004173
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Walnut Creek

Lot #: 8

Date/Time Collected in Field: October 17, 2014 1:42 pm

Date/Time Received in Lab: October 17, 2014 3:54 pm

Well Tag #: HO-95-1390

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	2.7 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.5 Units ✓	***
Sand		Absent	Absent ✓	Pass

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Bacteria FAIL
Others OK
see 11/17/2014

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.