

C1 6092

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

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM 01 DD 04 YY 12

MM 12 DD 19 YY 11

22 600 26 (TO NEAREST FOOT)

1/24/12 OK (KW) H0 - 95 - 2719

OWNER CHAPEL RISE LTD STREET OR RFD BRAGDON WOOD TOWN CLARKSVILLE SUBDIVISION CHAPEL RISE SECTION LOT 1

WELL LOG

Not required for driven wells

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT C BENTONITE CLAY B

NO. OF BAGS 21 NO. OF POUNDS 4500

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 237 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 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 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

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)

39.233389 76.924168

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown shale, Brown Mica, Gray Mica, opening, Gray Mica.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE George F. ...

LIC. NO. JS D 038

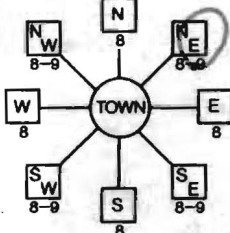

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**B 1** 2304 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER  
**APPLICATION FOR PERMIT TO DRILL WELL** please type 40-95-2216  
535997 fill in this form completely

**OWNER INFORMATION** 12019  
 Date Received (APA) 10 07 11  
 8 MM DD YY 13  
Chapel Rise Ltd  
 15 Last Name Owner First Name 34  
11795 Bragdon Wood  
 36 Street or RFD 55  
Clarksville Md 21029  
 57 Town 70 State 72 Zip 76

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

**DRILLER INFORMATION**  
George F. Easterday MW D 040  
 Driller's Name 76 License No. 81  
L. Franklin Easterday, Inc.  
 Firm Name  
9265 Brown Church Rd., MT. Airy, Md. 21771  
 Address  
George F. Easterday 10/4/2011  
 Signature Date

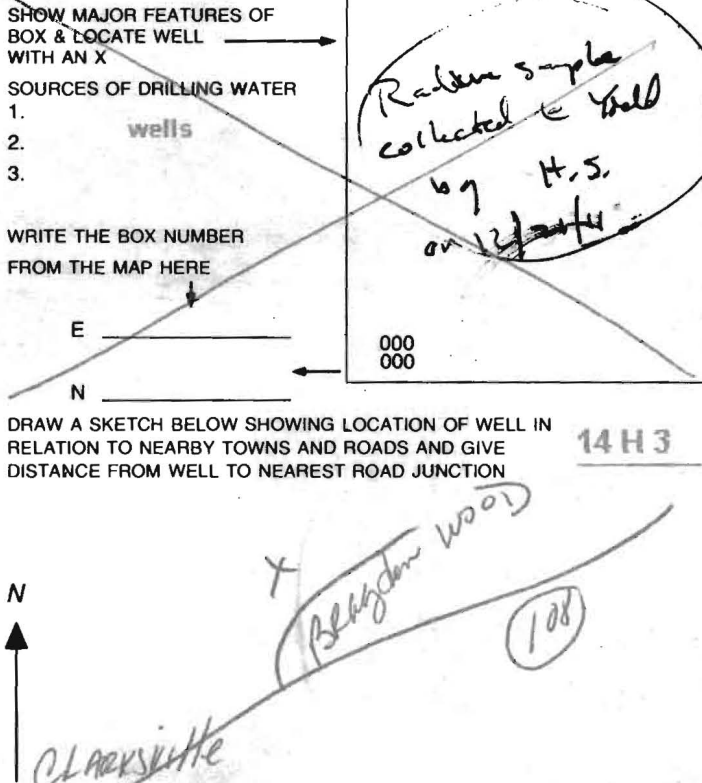
**B 4**  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
11795 Bragdon Wood  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 200 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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

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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard COUNTY NAME (13) A 532 542 COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED \_\_\_\_\_ 41  
11/14/11 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 43 MM DD YY 48  
 NORTH GRID N/A 0 0 0 EAST GRID N/A 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28 19  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. wells  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E \_\_\_\_\_ 000  
 N \_\_\_\_\_ 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  
14 H 3  


**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 35 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 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. 40-95-2216  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Need Radium Sample. Variance attached.  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Steve  
Speak 8:30

Page \_\_\_\_\_ of \_\_\_\_\_  
Date 12-21-11

Review \_\_\_\_\_

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO 95-2214 Election District \_\_\_\_\_  
Location of Property (road) BRADON Wood  
Subdivision CHapel Rise Lot 1 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller EASTERDAY Owner CHapel Rise LTD / SOSINSKI  
Depth of Well 600 608pm  
Distance of Measuring Point (M.P.) above ground 2ft  
Static Water Level (S.W.L.) below M.P. 32

I. High Rate Pumping -- reservoir drawdown

Time pump started \_\_\_\_\_ Pumping rate 20 Gpm  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <del>20</del> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:00	32 ft	3 Sec		20 gpm
9:15	70 ft	3 Sec		20 gpm
9:30	120 ft	3 Sec		20 gpm
9:45	158 ft	3 Sec		20 gpm
10:00	189 ft	3 Sec	OK	20 gpm
10:15	200 ft	3 Sec		20 gpm
10:30	211 ft	3 Sec		20 gpm
10:45	218 ft	3 Sec		20 gpm
11:00	223 ft	3 Sec		20 gpm
11:15	228 ft	3 Sec		20 gpm
11:30	231 ft	3 Sec		20 gpm
11:45	234 ft	3 Sec		20 gpm
12:00	237 ft	3 Sec		20 gpm
12:15				
12:30				
12:45				
T.				

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: R & G WATER SYSTEMS Telephone #: 410-239-0700  
Address: 3102 MAIN ST.  
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 Ross, Sr. License# PI0141

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: CHAPEL RISE Lot #: 1 Well Tag #: HO-95-2216  
Site Address: 11807 CHAPEL ESTATE DR.  
CLARKESVILLE, MD. 21029

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>GOLDS</u>	Make: <u>BOSHART</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10GS15</u>	Model#: <u>P125-SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>39</u> "(36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (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. 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

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>POLY 1 1/4"</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve(s' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>FERNCO</u>

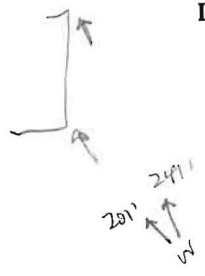
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Rickey J. Ross, Sr. date: 8/24/16

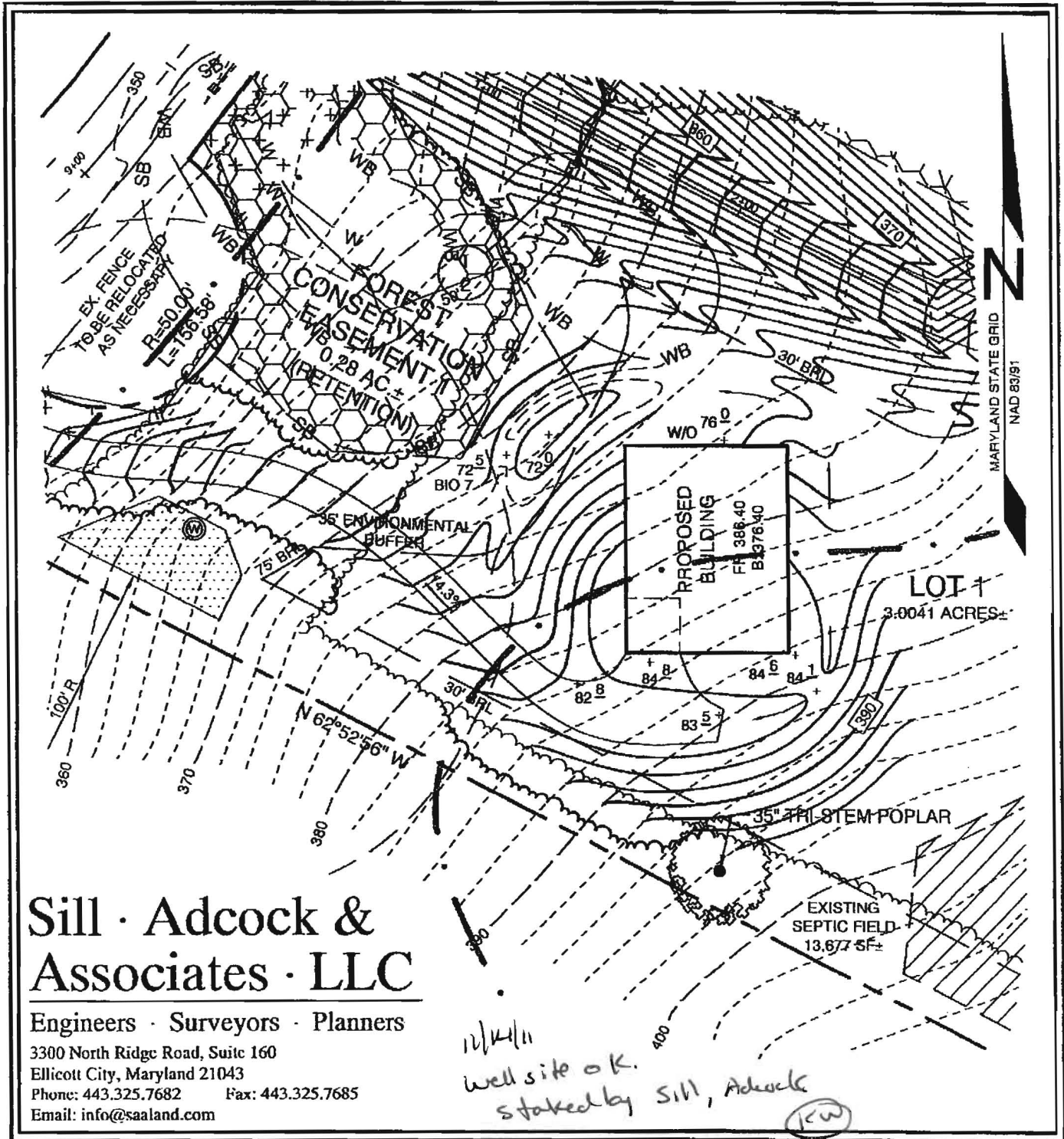
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/26/16 Date Insp. Approved: 8/26/16 Inspector: SC  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade OK  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly OK  
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 OK  
Adequate grout observed below pitless adapter OK

See attached pics



\* Plan not to Scale. OK. See signed P.C. \*



# Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160

Ellicott City, Maryland 21043

Phone: 443.325.7682

Fax: 443.325.7685

Email: info@saaland.com

*12/14/11  
Well site o.k.  
staked by Sill, Adcock  
lcw*

DESIGN BY: PS  
 DRAWN BY: PS  
 CHECKED BY: PS  
 SCALE: 1"=50'  
 DATE: OCT. 01, 2011  
 PROJECT #: 09-073  
 SHEET #: 1 OF 1

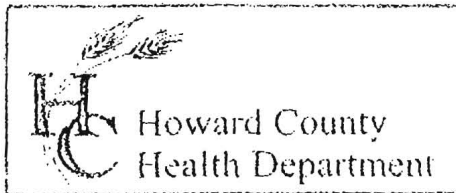
## WELL PERMIT PLAN

### CHAPEL RISE

LOT 1

TAX MAP 29 GRID 13  
5TH ELECTION DISTRICT

PARCEL 26, 282 & 353  
HOWARD COUNTY, MARYLAND



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

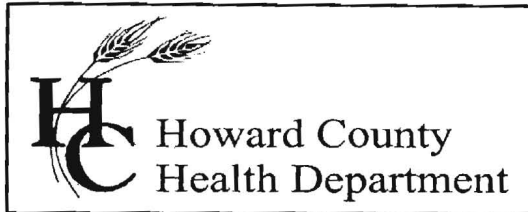
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Sill, Adech & Assoc,  
(professional land surveyor or company employing professional land surveyors)  
on 9/30/11 (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

LOT 1 Chapel Rise  
Bragdon Wood



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | 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**

**Expiration Date – JULY 31, 2017**

January 31, 2017

Homeowner  
11807 Chapel Estates Drive  
Clarsville, MD 21029

**RE: Chapel Rise, Lot 1  
11807 Chapel Estates Dr.  
Building Permit: B15003963  
Well Permit: HO-95-2216**

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 **11/14/2016**. Final approval of the well line connection to the dwelling was granted on **8/26/2016**. The well construction was completed on **12/19/2011**. Water samples were collected on **1/20/2017 & 1/26/2017**.

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 **12/21/2011**. Results showed a Gross Alpha level of **12.0 ± 2.7 pCi/L** and Gross Beta level of **11.1 ± 2.2 pCi/L**. **These exceed the maximum contaminant levels (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

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-95-2216. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

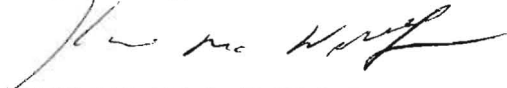
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

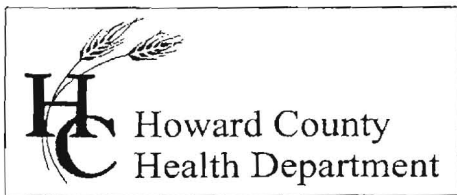


Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Mgmt. Section  
Well & Septic Program

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

11807 Chapel Estates Drive – 8/26/16 Pictures from well line. Office error on our end led to incorrect day scheduled for inspection and we did not see the well line uncovered. (SC)





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

January 12, 2012

Chapel Rise Ltd.  
11795 Bragdon Wood  
Clarksville, Maryland 21029

RE: Chapel Rise Lot 1  
Bragdon Wood Drive  
Well Tag: HO - 95 - 2216

To Whom It May Concern:

A sample was collected during a yield test on December 21, 2011 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  $12.0 \pm 2.7$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $11.1 \pm 2.2$  pCi/L. The **Gross Alpha** result was below 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).

At the time of testing and with respect to these parameters, the future well water supply **does meet** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy, but may done as part of the Final Certificate of Potability process. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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.

Sincerely,  
  
Bert Nixon, Director  
Bureau of Environmental Health

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

Send Report To:

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

E001280 821

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: 40952216 No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No B: \_\_\_\_\_

Plant/Site Name: Chapel Rise Lot ① County: Howard

Sample Source: Baugden Wood Dr. - Well Location: 40-95-2216  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: Heidi Scott 995745

Telephone No.: 410-313-1771

Date Collected: 12/21/11 <sup>Cont'd</sup>

Time Collected: \_\_\_\_\_ a.m. 12<sup>00</sup> p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: \_\_\_\_\_ pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample collected @ yard / pH preserved to < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1280	12.0 ± 2.7	12-22-11	12-27-11
✓	Gross Beta	4100	1280	11.1 ± 2.2	12-22-11	12-27-11
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				1/11/12
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 12/21/11

Supervisor: Mona Sunders

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Well Water Solutions  
P. O. Box 67  
Highland, MD 20777

Reporting Date: 1/27/2017  
Report #: WWS1701-09

Submitted Sample Address: 11807 Chapel Estates Drive  
Clarksville, MD 21029  
Submitted Sample Source: Kitchen sink  
Date / Time Collected: 1/26/2017 08:00 AM  
Sample Type: Drinking Water  
Field Record: Chlorine residual: Absent -----  
Sampler/Company: John Moseman 0130JM, Well Water Solutions  
Well Tag #: HO-95-2216

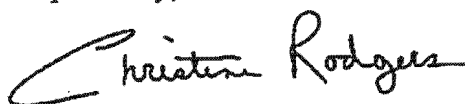
## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL


### Notes:

1. Bacteriological analysis of this sample indicates this water is  safe  for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. MCL Type -  
**EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
**EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
**Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality  
Laboratory # 106

State Certified Water Quality  
Laboratory # 139

## Certificate of Analysis

Culligan Water Treatment  
441 Defense Hwy, Suite J  
Annapolis, MD 21401

Project  
Date Received 12/5/2016  
Date Reported 12/6/2016

*This report is the sole property of Culligan. Any questions about the report MUST be directed to Culligan at (410) 956-4840.*


*Environmental Testing Lab is not at liberty to discuss this report without written consent from Culligan.*

Sample No: 144812-01                      Sampled: 12/5/2016 10:30:0                      Sampler: Steven Kloch (Exp.)  
Location: 1180 Chapel Estates Drive  
Clarksville, MD 21029                      Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	12/05/2016	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	12/05/2016	CT-106

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

The individual that collected this sample is not certified by the Maryland Department of the Environment to collect water samples for compliance monitoring. These results are for informational use only and are not to be used for compliance purposes.

Approved By   
Daniel J. Brumsted, Laboratory Director

ENVIRONMENTAL TESTING LAB, INC - CHAIN O

ANNAPOLIS

410-224-4304

FAX 443-926-0586

WAL

410-224-4304

Client: Culligan

Project:

Date Due: 12/8/2016

144812



Company Name, Address Phone & Fax

Testing Address

Culligan of Annapolis  
441 Defense Highway  
Ann MD 21401

11807 Chapel Estates Dr.  
STREET  
Clarksville MD 21029  
CITY STATE ZIP

Send Report By: Fax  Postal Service  Email SKLOCH@USWATERCOMPANY.COM

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 12/5/16 Time 1030 Well Tag #:

Collectors Name: Steven Klok Certification # Expires

Collectors Signature: Steven Klok Circle One: PRIVATE WELL or CITY WATER

pH: 7 Chlorine, Total mg/L: NT Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap, Bacteria: Sink-Bathroom Chemicals: Lead:

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions:

Released By: SKK Date: 12/5/16 Time 1101 Received By:

Released By: Date: Time Received By:

(\* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: Date 12/5/16 Time 11:30

# 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 #: 112514 Account #: 4424  
Reference: Well Water Solutions, Inc. Company: Well Water Solutions, Inc.  
Location: 11807 Chapel Estates Drive Requested By: John Moseman  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 1/20/2017 1030 Site: Bathroom Sink  
Date/Time Rec'd: 1/20/2017 1350 Treatment: Culligan Softner  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: J. Walker 9006JW Well #: HO-95-2216

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Present	Total Coliform	Absent	SM18 9223	1/21/2017 / 1540 / BCD
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM18 9223	1/21/2017 / 1540 / BCD
Nitrate	<1.0	mg/L	10	601	1/20/2017 / 1630 / CRS
Turbidity	0.42	NTU	<10	SM18 2130B	1/20/2017 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/20/2017 / 1645 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 P/A= Presence or Absence of Coliform Bacteria
- 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 Sample collected by client, analyzed as received
- 8 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 1/23/2017