

C1 0258

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 518641

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

ST/CO USE ONLY

DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 10 26 06

Depth of Well 22 200 26

(TO NEAREST FOOT)

OK 4/6/17 59

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0382

28 29 30 31 32 33 34 35 36 37

OWNER MATTHEWS & LYONS STREET OR RFD Crowsfield TOWN Glenelder SUBDIVISION SECTION LOT P.P.A.

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, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H) (O) (P) (L) (S) (T) (B) (R) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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

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

DRILLERS LIC. NO. MSD

DRILLERS SIGNATURE

LIC. NO. D

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

C2 DEPTH (nearest ft.)

Table with columns for depth intervals (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).

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

C3

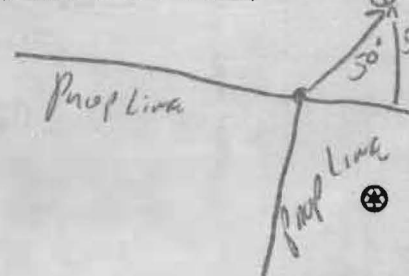
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 54 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) 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)

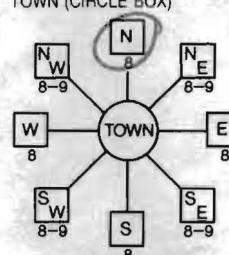



B 1 0981 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 APPLICATION FOR PERMIT TO DRILL WELL 524386 please type HU-95-0382
 fill in this form completely

Date Received (APA) _____
 OWNER INFORMATION
 8 MM DD YY 13
Cloverfield/Pfeffer Korn LLC
 15 Last Name Owner First Name 34
3060 RT. 97
 36 Street or RFD 55
Glenwood MD 21738
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
Cloverfield
 23 SUBDIVISION 42
 SECTION 44 46 LOT 50 Preservation Parcel A
 48 50
GLEWELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) I M I
 73 76 77 78

DRILLER INFORMATION
Ralph E. Mayne M SD 117
 76 Driller's Name License No. 81
Ralph E. Mayne INC.
 Firm Name
17024 Hardy Rd. Mt. Airy MD 21771
 Address
Ralph E. Mayne 3/25/06
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD Road A 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 750 37 DISTANCE FROM ROAD 4
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: _____ PARCEL 4

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

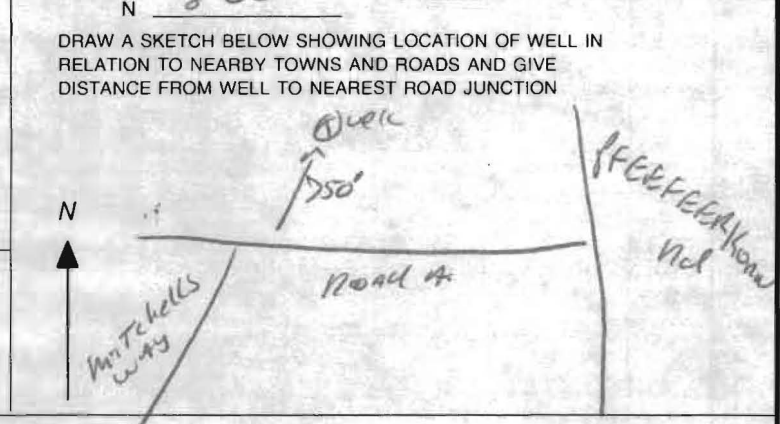
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 13 COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 5/2/06 Kace Norman 5/2/09
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 800 000 EAST GRID 530 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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 530
 N 800
 000
 000

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 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. _____
 70 71 72 73 74 75 76 77 78 79

not 1026

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640- FAX: (410)313-2648
313-1771

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: ATLANTIC BLUE LLC Telephone #: 410-840-8112
Address: 1802 WOLFENBUTEL BLVD
WELLSVILLE, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARY MOPPER License# 63797

*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: NEVEY HAMPTON Telephone #: 410-707-8879
Subdivision: WOLFENBUTEL Lot #: A Well Tag #: HO-95-0392
Site Address: 13558 MITCHELLS WELL
WOLFENBUTEL, MD 21154

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: TRIAS Make: IMPACT Two piece watertight cap:
Model #: 2TS154-2CW Model#: Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 8 GPM NSF approved: Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 280 (feet) Conduit secured to well cap:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

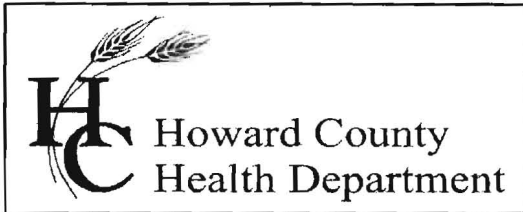
Piping to house House Connection
Type: POLYETHYLENE PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 100 (160 psi min) Approximate length of sleeve: 2
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

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] 4/4/17
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/5/17 Date Insp. Approved: 4/6/17 SC
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 property
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

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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 – FEBRUARY 16, 2018

August 16, 2017

Homeowner
13558 Mitchell's Way
West Friendship, MD 21794

RE: Cloverfield II, P. A
13558 Mitchells Way
Building Permit: B16005156
Well Permit: HO-95-0382

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 **8/15/2017**. Final approval of the well line connection to the dwelling was granted on **4/6/2017**. The well construction was completed on **10/26/2006**. Water samples were collected on **7/31/2017**.

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. 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-95-0382. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

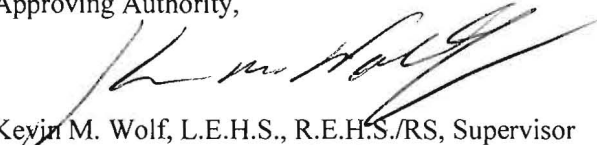
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

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

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 #: 116083 Account #: 1045
Reference: Catonsville Homes Company: Atlantic Blue Water Services
Location: 13558 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 7/31/2017 0900 Site: Powder Room (1st Floor)
Date/Time Rec'd: 7/31/2017 1440 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: C. Mather 0421CM Well #: HO-95-0382

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/1/2017 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/1/2017 / 0930 / CRS
Nitrate	4.91	mg/L	10	601	8/1/2017 / 0900 / CS/LS
Turbidity	0.54	NTU	<10	SM18 2130B	8/1/2017 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/1/2017 / 0945 / CRS

OK
8/15/17 se

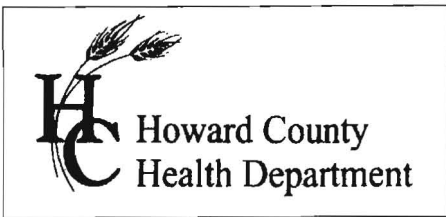
NOTES

- 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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B16005156

Date Reported: 8/1/2017



7178 Columbia Gateway Dr. • 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

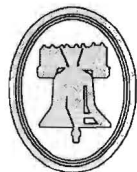
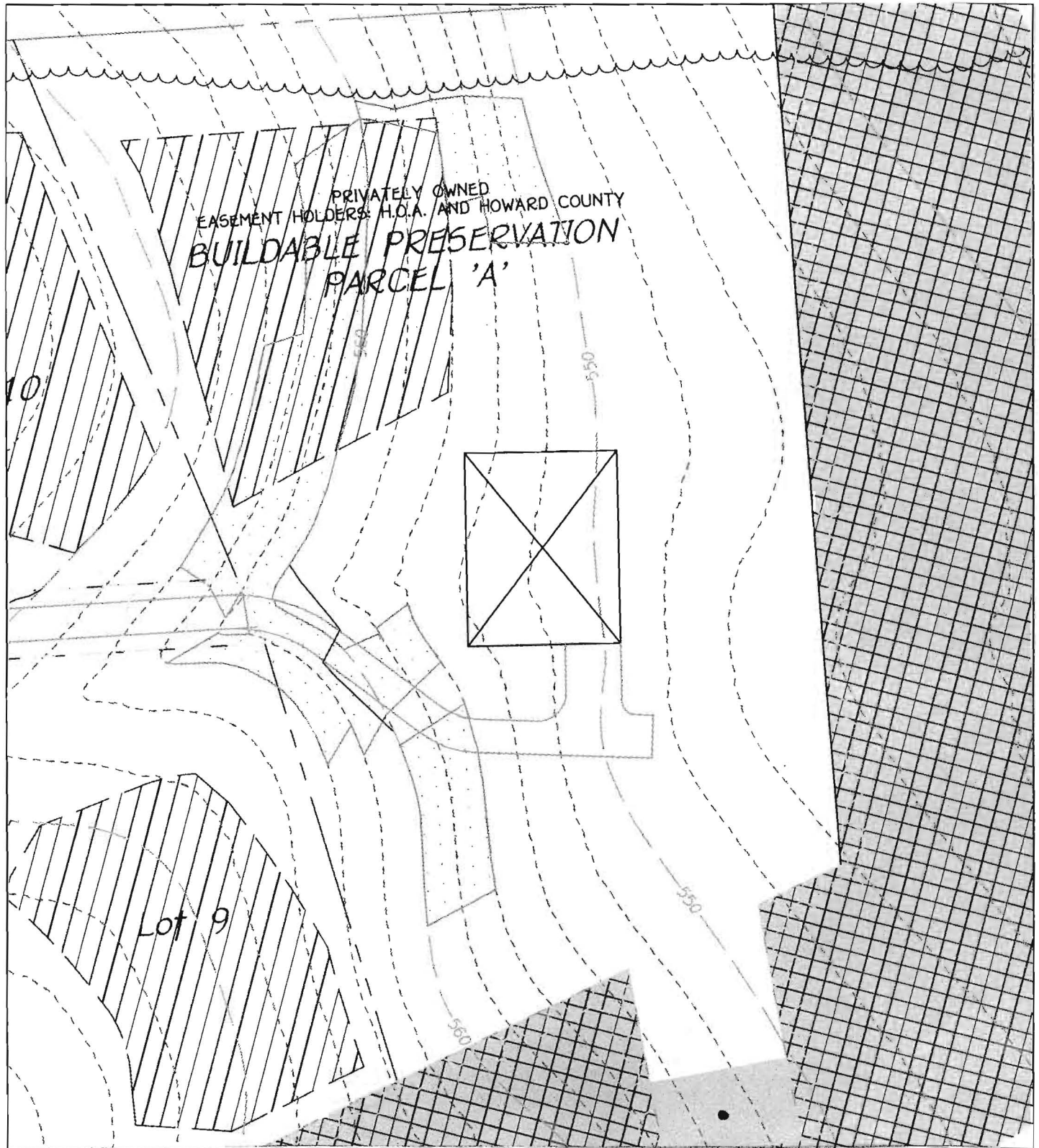
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FCC
OK 3/31/06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



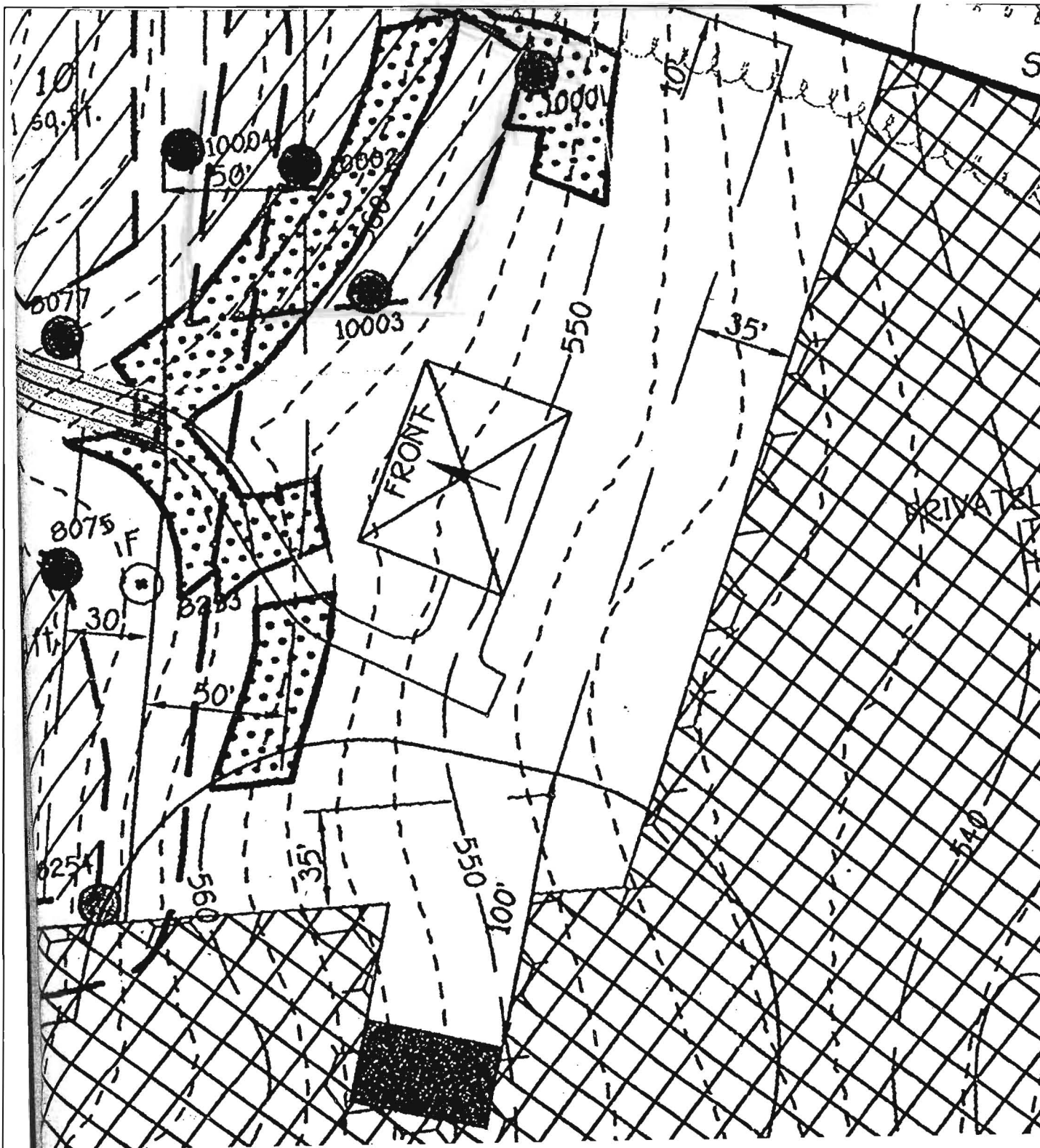
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT "A"
CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCEL: 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-486-7900



HERITAGE
Land Development

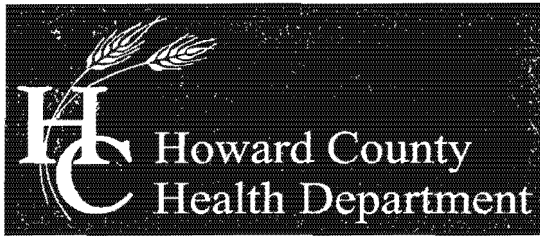
WELL LOCATION EXHIBIT - ^{Pres. Parc.} 1071271 (A)
CLOVERFIELD

TAX MAP #15 ZONED RC-DED
3RD ELECTION DISTRICT
SCALE: 1"=50'

PARCEL 4
HOWARD COUNTY, MARYLAND
DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-688-7900



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045

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

www.hchealth.org

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

August 30, 2017

Derek Hampton
13558 Mitchells Way
West Friendship, MD 21794

Dear Mr. Hampton,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 4 mg/L.**

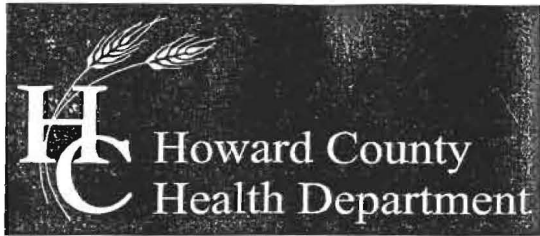
Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from you well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 100 mg/L.**

Please contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
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www.hchealth.org

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

August 30, 2017

Derek Hampton
5149 Crestwood Lane
Ellicott City, MD 21043

Re: Water sample results for 13558 Mitchells Way

Dear Mr. Hampton,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 4 mg/L.**

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Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report to: Bert Nixon
 Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

State of Maryland
 DHMH-Laboratories Administration
 Division of Environmental Sciences
 INORGANICS ANALYTICAL LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205
WATER ANALYSIS

E18000710002
 Received: 08/17/2017
 Inorganic HO-95-0382

A
M
P
L
E

I
D

Bottle Number HO-95-0382 Name Cloverfield-Par A County Howard County Code 13
 Location 13558 Mitchells Way West Friendship Data Category Code 4F
 Collected: Date 8/16/17 Time 10:30 am Collector & Phone S. Collins 410-313-6287 Submitter Code
CHECK (one per box)
 Drinking Water Community Source (raw water) Emergency
 Landfill Non-community Distribution (treated) Routine
 Stream Private MCL Recheck
 Other Other Federal Project S
 Special

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid
 pH Chlorine: Free Total Specific Conductance
 Notes to Lab/Remarks: Sample collected from kitchen sink - no treatment

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrate, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)
 Number of Tests Requested Section Chief Date Reported

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18000710 Date Coll. 08/16/2017 Date Received 08/17/2017 Submitted By:Collins

Field ID: HO-95-0382
Lab No.: E18000710002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	08/21/2017
Total Dissolved Solids	SM 2540C	100	mg/L	08/17/2017

Comments:

Approved by: *Shahen Aveli* Approval date: 08/25/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Send Report To: Bert Nixon

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205



E18000712002

Received: 08/17/2017

Metals

HO-95-0382

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: H0-95-0382 Site Name: Cloverfield - Par A County: Howard

Sample Source: 1355B Mitchells Way West Friendship Collector: S. Collins
Street Town or City Name

Date Collected: 8 / 16 / 20 17 Time Collected: 10:30 a.m. _____ p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: < 2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected from kitchen sink - no treatment

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SMS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

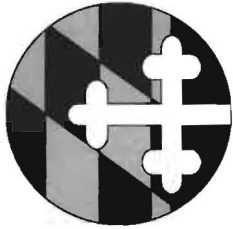
Date Reported: ___/___/___

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DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18000712 Date Coll.: 08/16/2017 Date Received: 08/17/2017 Submitted By: Collins

Field ID: HO-95-0382
Lab No.: E18000712002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	4.18	ppm	08/21/2017

Comments:

Approved by: *Sadia Muneer*

Approval date: 08/24/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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