

C1 16666 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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/22/14

Depth of Well 22 200 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 04 - 0011

OWNER MB Highland Reserve WELL SITE ADDRESS Pleasant Springs Ct TOWN Highland SUBDIVISION Regan Property SECTION LOT 19

WELL LOG Not required for driven wells

GROUTING RECORD yes no Y N WELL HAS BEEN GROUTED (Circle Appropriate Box)

C 3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed)

CEMENT NO. OF BAGS NO. OF POUNDS GALLONS OF WATER

PUMPING RATE (gal. per min.) 10

FEET FROM TO

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

METHOD USED TO MEASURE PUMPING RATE local

Brown Shale 0 14

NO. OF BAGS 10 NO. OF POUNDS 990

WATER LEVEL (distance from land surface)

Gray Limestone 14 85

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING 15 ft.

Brown 85 86

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

WHEN PUMPING 17 ft.

Gray Limestone 86 178

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

TYPE OF PUMP USED (for test)

White 178 179

SCREEN RECORD screen type or open hole insert appropriate code below

DRILLER INSTALLED PUMP YES NO

Gray Limestone 179 200

DEPTH (nearest ft.)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y N

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CIRCLE APPROPRIATE LETTER

SLOT SIZE 1 2 3

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DIAMETER OF SCREEN (NEAREST INCH)

PUMP HORSE POWER

E ELECTRIC LOG OBTAINED

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

PUMP COLUMN LENGTH (nearest ft.)

P TEST WELL CONVERTED TO PRODUCTION WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

CASING HEIGHT (circle appropriate box and enter casing height)

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.

TELESCOPE CASING LOG INDICATOR OTHER DATA

LAND SURFACE

DRILLERS LIC. NO. 1 M SD 009

LATITUDE 3 9.1823158

LONGITUDE 7 6.9432373

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

NOTES:

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 04 - 0011

LIC. NO. 1 D

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS SIGNATURE

TELESCOPE CASING LOG INDICATOR OTHER DATA

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TELESCOPE CASING LOG INDICATOR OTHER DATA

C1 16666
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 200 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 09/09/14 OKKW HO - 04 - 0011

OWNER MB Highland Reserve first name TOWN Highland
 WELL SITE ADDRESS Pleasant Springs Ct
 SUBDIVISION Regan Property SECTION LOT 19

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Shale	0	14	
Gray Limestone	14	85	
Brown	85	86	✓
Gray Limestone	86	178	
White	178	179	✓
Gray Limestone	179	200	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 10 NO. OF POUNDS 90
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
 ST 06 21

OTHER CASING (if used)
 diameter inch depth (feet) from to
 A C H I N G

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y 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. 1 M SD 009
 DRILLERS SIGNATURE
 LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)
 1 2 HO 21 200
 A 8 9 11 15 17 21
 C 23 24 26 30 32 36
 S 38 39 41 45 47 51
 R
 E
 N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60
 from to

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

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

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE log
 WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft. WHEN PUMPING 17 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 01 (nearest foot)

LATITUDE 39.1823158
 LONGITUDE 76.9432373
 (DEFAULT COORD. WGS 84)
 NOTES:

B 1 23789 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546306Q STATE PERMIT NUMBER H0-14-0011 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 04/10/14
 8 MM OD YY 13
 15 Last Name Owner First Name 34
 MB Highland Reserve LLC
 36 Street or RFD 55
 1686 E. Gude Dr
 57 Town 70 State 72 Zip 76
 Rockville MD 20850

B 3 LOCATION OF WELL
 8 COUNTY 21
 Howard
 23 SUBDIVISION 42
 Regan Property
 SECTION 44 46 LOT 48 50 19
 52 NEAREST TOWN 71
 Highland

DRILLER INFORMATION
 Driller's Name 76 License No. 81
 Allen Compton MS D 009
 Firm Name
 Fogle's Well Drilling LLC
 Address
 PO Box 202 Woodbine, MD 21797
 Signature Date
 Allen Compton 4-10-14

B 4 SOURCES OF DRILLING WATER
 11 STREET ADDRESS 30
 Pleasant Springs Ct
 Point Ridge Dr
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 450 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

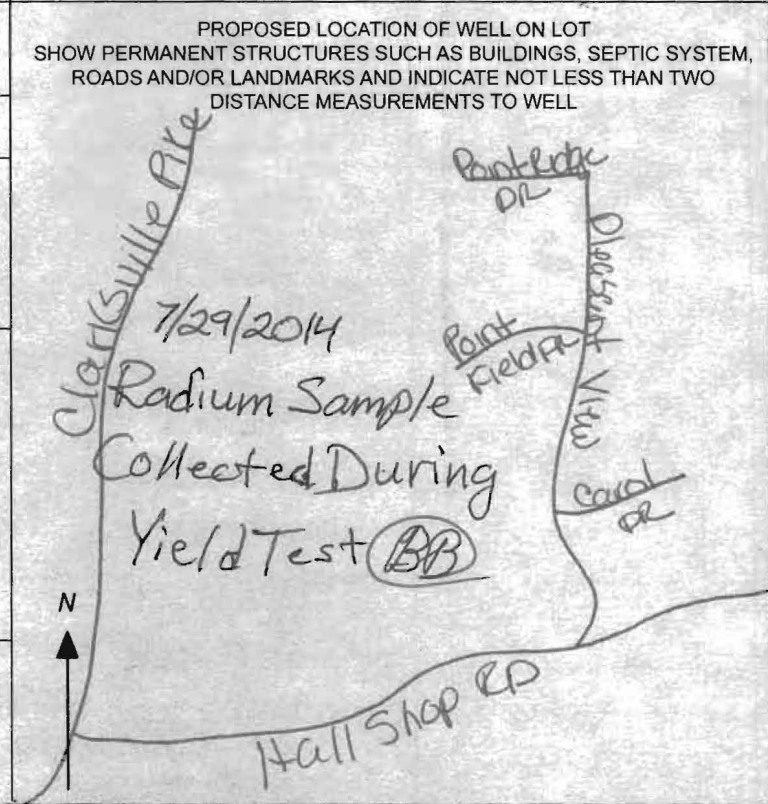
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard A530307 COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 05/27/2014 CO SIGNATURE H-H EXP. DATE 5/27/15
 43 MM OD YY 48

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

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL 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 H02014G020
 PERMIT No. H0-14-0011
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Radium Sample required @ the yield test

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


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

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

Company Name: NATIONAL WATER SERVICE Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: Mitchell & Best Telephone #: _____
Subdivision: HIGHLAND RESERVE Lot #: 19 Well Tag #: HO-14-0011 
Site Address: 12232 PLEASANT SPRINGS CT
FULTON, MD



Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SQE 07-180</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>315</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

Piping to house	House Connection
Type: <u>P14</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</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.

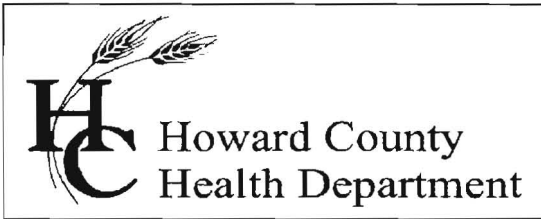
Signature of company representative responsible for installation _____ date 8/6-26-17

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

Date Insp. Requested: 07/03/2017 Date Insp. Approved: 07/28/2017
Inspection Data: Pitless adapter and water supply line at least 36" below grade 07/28/17 33" 07/03/2017 (C)
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 33" 07/03/2017 (C)
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 14" 07/03/2017 (C)
Water supply line sleeved adequately at house connection 07/03/17 07/03/2017 (C)
Adequate grout observed below pitless adapter

7/28/17 (C)
Well cap to grade 11"
3" cover added above
pitless adapter.
approved (C)

07/03/2017 (C)
Need to meet fast line
and sleeve requirements.
Called office - connected under
footers. Sleeve requirement ok



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 – January 28, 2017

July 28, 2017

Homeowner
12232 Pleasant Springs Court
Highland, Maryland 20777

**RE: MB Highloand Preseve
12232 Pleasant Springs Court
Building Permit: B17000407
Well Permit: HO-94-0011**

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 **6/23/17**. Final approval of the well line connection to the dwelling was granted on **7/28/17**. The well construction was completed on **7/22/14**. Water samples were collected on **7/25/2017**.

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 **7/29/14**. Results showed a Gross Alpha level of **4.9 ± 1.4 pCi/L** and **Gross Beta** level of **5.0 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-94-0011. 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:

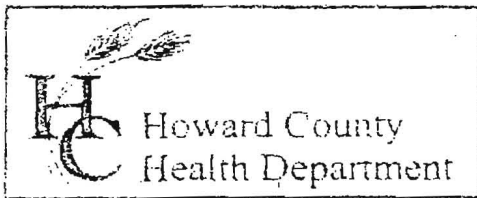
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Dana Bernard". The signature is written in a cursive style with a large initial "D".

Dana Bernard, R.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



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

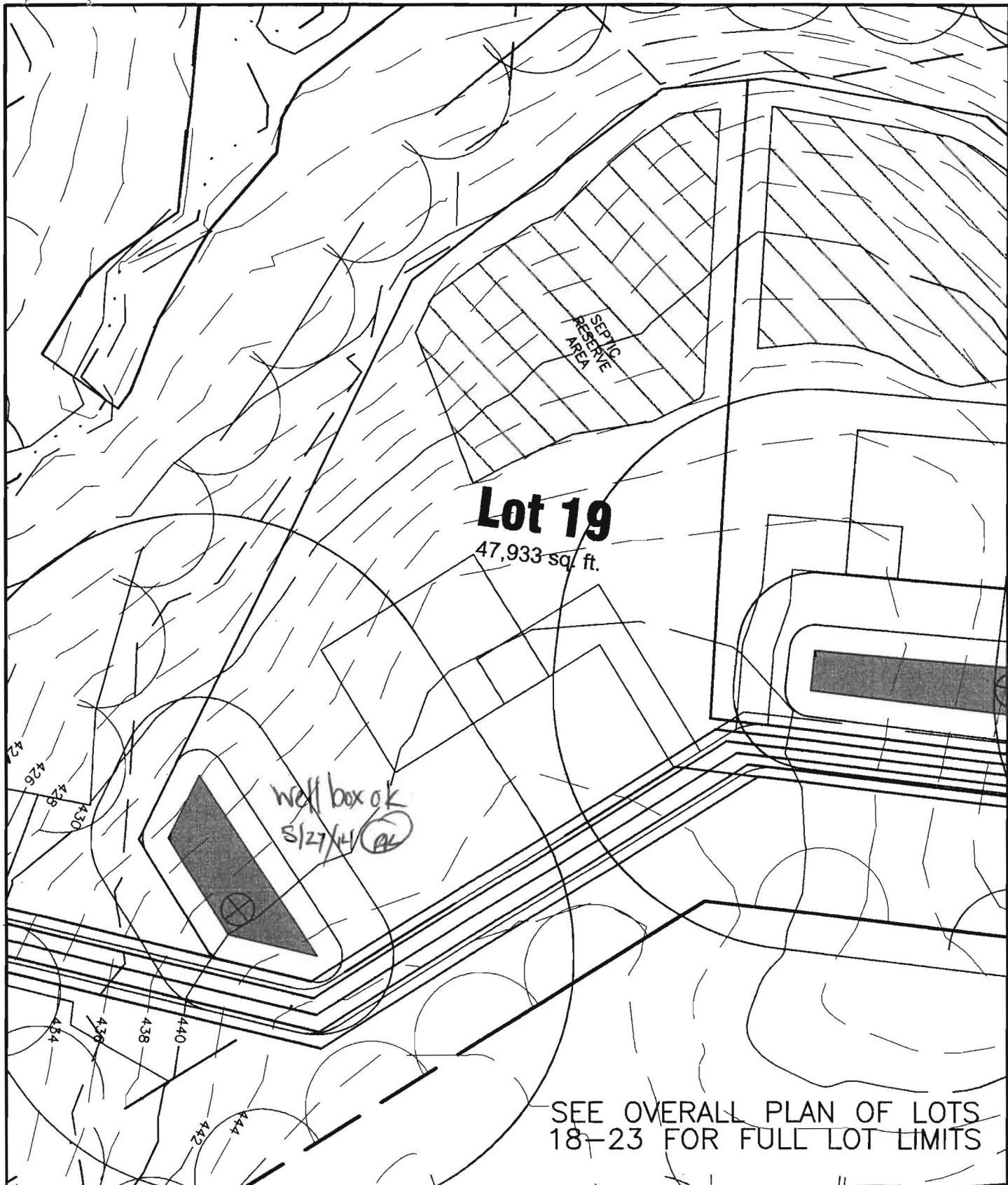
TO ALL INTERESTED PARTIES

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 Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 4-4-14 (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.

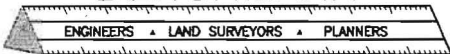
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



SEE OVERALL PLAN OF LOTS 18-23 FOR FULL LOT LIMITS

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT
REGAN PROPERTY**

LOT 19

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 3/11/2014

152750

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CU

ANNAPOLIS

410-224-4304

FAX 443-926-0586

WALDORF

410-224-4304

F/



152750

Date Due: 7/28/20

Client: Well Water Solutions, Inc.
Project:

Company Name, Address Phone & Fax

Well Water Solutions
5163 Darling Bird Lane
Columbia, MD 21044

Testing Address

LOH19-12232 Pleasant Springs Ct
STREET
Fulton, MD 20759
CITY STATE ZIP

Send Report By: Fax Postal Service Email jemoeman@wellwatersolutions.net/
bieber@wellwatersolutions.net

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

FIELD COLLECTION INFORMATION

Collected: Date 7/25/17 Time 10:30 Well Tag #: H0140011

Collectors Name: Janet Walker Certification # 9006JW Expires 08/7/18

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 7 Chlorine, Total mg/L: 0 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: NT Chemicals: NT Lead: NT

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

FULL Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead) Next Day 3:30 2 Day 3 Day

BASIC Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity) Next Day 3:30 2 Day 3 Day well-84

Lead Arsenic Next Day 3:30 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions: First test - Prior to Treatment

Released By: [Signature] Date: 7/25/17 Time: 2:00 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. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

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: [Signature] Date: 7/27/17 Time: 1:00

OK
DD
7-28-17

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

Well Water Solutions, Inc.
5163 Darting Bird Lane
Columbia, MD 20144

Project
Date Received 7/25/2017
Date Reported 7/27/2017

This report is the sole property of Well Water Solutions, Inc.. Any questions about the report MUST be directed to Well Water Solutions, Inc. at (410) 935-7185.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Well Water Solutions, Inc..

Sample No: 152750-01 Sampled: 7/25/2017 10:30:0 Sampler: JWalker9006JW (Exp. 8/6/2018)
Location: Lot #19 Pleasant Springs Ct. Preservation: Ice
Fulton, MD 20759 Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		07/25/2017	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		07/25/2017	CT-106
Nitrate + Nitrite as N	EPA 353.2	2.1		mg/l	1	07/27/2017	BD-139
Turbidity	EPA 180.1	9.0		NTU	0.5	07/26/2017	RM-139

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested

Approved By

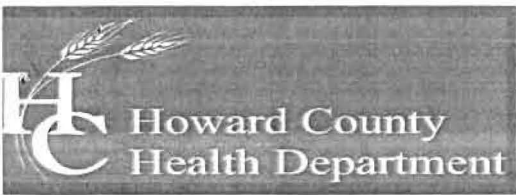
Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



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

Maura Rossman, M.D., Health Officer

October 9, 2014

MB Highland Reserve, LLC
1686 Gude Drive
Rockville, Maryland 20850

RE: Regan Property Lot 19
Pleasant Springs Court
Well Tag: HO - 14 - 0011

To Whom it May Concern:

A sample was collected during a yield test on July 29, 2014 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 4.9 ± 1.4 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.0 ± 1.9 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 is **within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
Howard Co. Env. Health
8930 Stanford Blvd.
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No.
0000280-4312

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property-Lot 19 County: Howard
 Sample Source: Pleasant Springs Ct. Location: HO-14-0011
 (Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A 14-0011 Radon-222 Field Blank Bottle A Radium Blank
 Bottle B _____ Bottle B _____
 County 113 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <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"/>

Submitters Code: _____ Federal Project: _____
 Collector: B. Baker Telephone No.: (410) 313-2643
 Date Collected: 7/29/2014 Time Collected: 10 a.m. _____ p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected During Yield Test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0280	EPA 900.0	4.9 ± 1.4	8/3/14	CWB	8/4/14
<input checked="" type="checkbox"/> Gross Beta	4100	0280	"	5.0 ± 1.9			
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 07/31/14 Received By: C watty-Boyd
 Data Release Signature: Robert Miller-Juch Date: 8/4/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

0000279 4314

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: _____

County: HOWARD

Sample Source: FIELD BLANK

Location: _____

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County 13

Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

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

Point of Collection	
Source (Raw)	<input type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code:

--	--

Federal Project:

--

Collector: B. Baker

Telephone No.: _____

Date Collected: 07/29/14

Time Collected: 10:00 a.m. _____ p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: _____

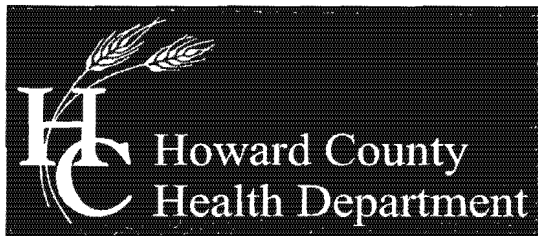
<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	0279	EPA 900.6	<2.0	8/3/14	CWB	8/4/14
<input type="checkbox"/>	Gross Beta	4100	0279	'	<4.0	J	J	J
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								

Date Received: 07/31/14 Received By: CWATY - Boyd

Data Release Signature: Richard Miller-Duck Date: 8/4/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

August 29, 2017

Homeowner
12232 Pleasant Springs Ct.
Fulton, MD 20759

Dear Homeowner,

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 9 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 16 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 122 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

Cc: *Community Hygiene Program*
File

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

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

Lab No. Date Received


E18000380001
 Received: 07/31/2017
 Metals HO-14-0011

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-14-0011 Site Name: Highland Reserve - Lot 19 County: Howard

Sample Source: 12232 Pleasant Springs Ct. Fulton Collector: S. Collins
Street Town or City Name

Date Collected: 7/28/2017 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 24
 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 outdoor hose bib.

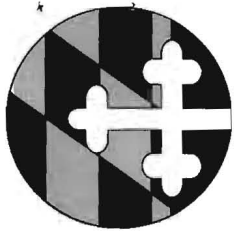
✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium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

Lab Supervisor: _____

Date Reported: ___/___/___

• Phone: (443) 681-3857

• Fax: (443) 681-4507



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: E18000380 Date Coll.: 07/28/2017 Date Received: 07/31/2017 Submitted By: Collins

Field ID: HO-14-0011
Lab No.: E18000380001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.03	ppm	08/15/2017

Comments:

Approved by: *Sadia Muneer*

Approval date: 08/18/2017

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

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) 767-6944 and arrange for return or destruction.

Send Report To: SB Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

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


E18000381001
 Received: 07/31/2017
 Inorganic HO-14-0011

A M P L E I D

Bottle Number HO-14-0011 Name Highland Reserve - Lot 19 County Howard County Code 13

Location 12232 Pleasant Springs Ct. Fulton Data Category Code 4F

Collected: Date 7/28/17 Time 10:30 am Collector & Phone S. Collins 410-313-6297 Submitter Code

CHECK (one per box)

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

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 outdoor hose bib.

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
<input checked="" type="checkbox"/>	Chloride		
	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrate, N <u>NITRITE, N</u>		
	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 NoE18000381 Date Coll. 07/28/2017 Date Received 07/31/2017 Submitted By: S. Collins

Field ID: HO-14-0011
Lab No.: E18000381001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	16	mg/L	08/07/2017
Total Dissolved Solids	SM 2540C	122	mg/L	08/02/2017

Comments:

Approved by: *Shahen Aneli*

Approval date: 08/10/2017

*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.