

C1 16652

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY 02 27 13

DATE WELL COMPLETED MM DD YY 1 19 13

Depth of Well 22 150 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2393

OWNER D. R. Horton WELL SITE ADDRESS Drovers Lane TOWN Cooksville SUBDIVISION Vista Ridge SECTION LOT 18

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown Clay, Light Brown, Gray, Brown, Gray, White, Gray.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 2914

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 81

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

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) insert appropriate code below

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...

DRILLERS LIC. NO. 1 M SD 009 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N. Rows include 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE 1, 2, 3 and 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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 6 PUMPING RATE (gal. per min.) 5906 WATER LEVEL (distance from land surface) BEFORE PUMPING 46 WHEN PUMPING 64 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) (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 39.3225670 LONGITUDE 77.0134724 (DEFAULT COORD. WGS 84)

NOTES:

B 1 09389

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho - 95 - 2393

70 fill in this form completely 79

538027-I please type

Date Received (APA)

08 06 12

OWNER INFORMATION

D.B. Horton INC
15 Last Name Owner First Name 34
1356 Beverly Rd Suite 300
36 Street or RFD 55
McLean, Va 22101
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Vista Ridge
23 SUBDIVISION 42
SECTION 18
44 46 48 50
Cook suite
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine MD, 21797
Address
Allen Compton 7-11-12
Signature Date

B 4

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

Drovers
Bowers Lane
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
 NORTH
 WEST
 EAST
 SOUTH
34 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 8 BLK: 23 PARCEL 176

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
 - OPEN LOOP GEOTHERMAL
 - CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A516045 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 09/26/2012 R. St 9/26/13
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
DISTANCE MEASUREMENTS TO WELL

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)

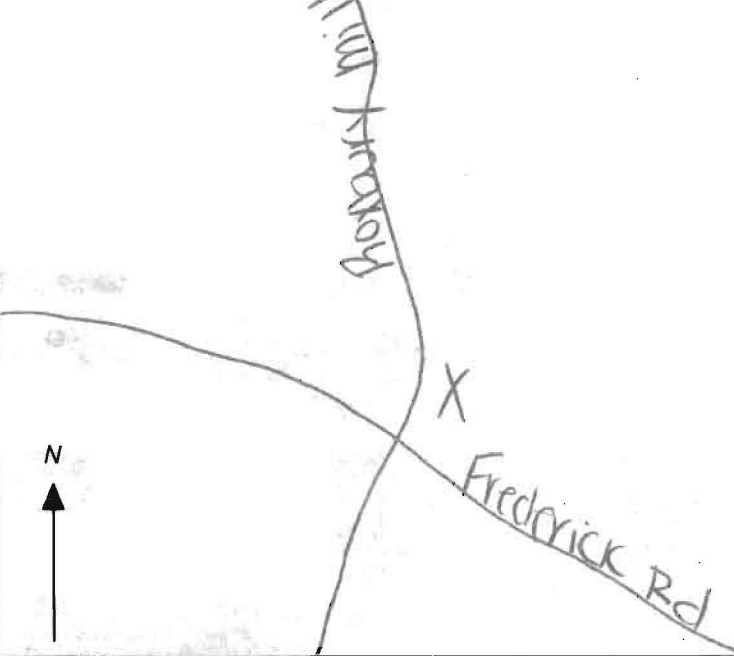
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROP. PERMIT NUMBER _____ G _____
PERMIT No Ho - 95 - 2393
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: Fogles Well Drilling LLC Telephone #: 410 795 5670
 Address: 580 Obrecht Rd
Sykesville, MD 21784

(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 C Fogle License# MSD220

*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: DR Horton Telephone #: _____
 Subdivision: Vista Ridge Lot #: 18 Well Tag #: HO 05-2393 ✓
 Site Address: 2033 Drovers Lane
Cooksville, MD

| | | |
|---|---|---------------------------------------|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Maker: <u>Grundfos</u> | Maker: <u>Clampco II</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>1550E07-180</u> | Model #: <u>N/A</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity: <u>15</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>YES</u> |
| Well Yield: _____ GPM | NSF/WSC approved: <u>YES</u> | Conduit min 1 1/2" B.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>150</u> (feet) | Conduit secured to well cap: <u>YES</u> | |

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4
 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 N/A

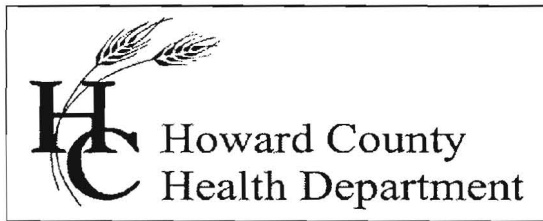
| | |
|---|--|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>1 1/2" poly pipe</u> | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>200</u> (150 psi min) | Length of sleeve (5' minimum from foundation): <u>6'</u> |
| Depth of supply line: <u>36</u> (36" min) | Sleeve sealed properly: <u>YES</u> |

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, 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: 7/19/17

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

| | | |
|--|-------------------------------------|----------------------|
| Date Insp. Requested: <u>7/19/17</u> | Date Insp. Approved: <u>7/19/17</u> | Inspector: <u>SC</u> |
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | | ✓ |
| Two piece cap installed and attached to casing securely | | ✓ |
| Elec. conduit extends at least 1 1/2" below grade/attached to cap properly | | ✓ |
| Safety rope not outside of well cap/casing | | ✓ |
| Correct well tag attached properly and casing 8" above finished grade | | ✓ |
| Water supply line sleeved adequately at house connection | | ✓ |
| Adequate grout observed below pitless adapter | | ✓ |



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 – MARCH 18, 2018

September 18, 2017

Homeowner
2033 Drovers Lane
Cooksville, Maryland 21723

**RE: Vista Ridge, Lot 18
2033 Drovers Lane
Building Permit: B17000595
Well Permit: HO-95-2393**

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 **07/26/2017**. Final approval of the well line connection to the dwelling was granted on **07/19/2017**. The well construction was completed on **01/14/2013**. Water samples were collected on **09/14/2017**.

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-95-2393. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

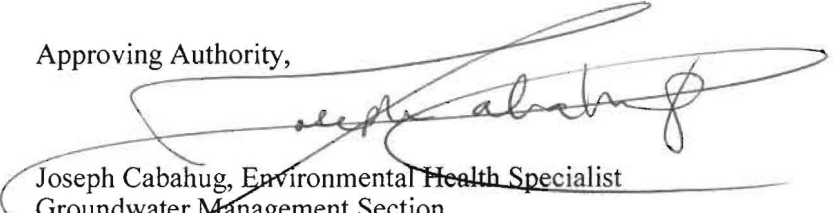
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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



Joseph Cabahug, Environmental Health Specialist
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 #: 117017 Account #: 1933
Reference: DR Horton Vista Ridge Lot 18 Company: Fogles Well Pump/Water Treatment
Location: 2033 Drovers Lane Requested By: Dave Fogle
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 9/14/2017 1015 Site: Kitchen Faucet
Date/Time Rec'd: 9/14/2017 1217 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: R. Eyler 1061RE Well #: HO-95-2393

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223 | 9/15/2017 / 0930 / LLO |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223 | 9/15/2017 / 0930 / LLO |
| Nitrate | 1.72 | mg/L | 10 | 601 | 9/14/2017 / 1600 / CRS |
| Turbidity | 1.17 | NTU | <10 | SM20 2130B | 9/14/2017 / 1630 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 9/14/2017 / 1630 / CRS |

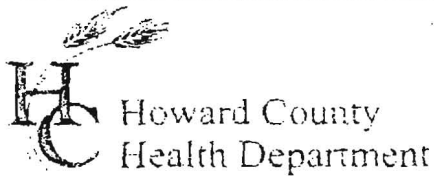
NOTES

- 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17000595

Date Reported: 9/15/2017



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

lot #8-21

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 7/13/12 (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

Whole property not shown

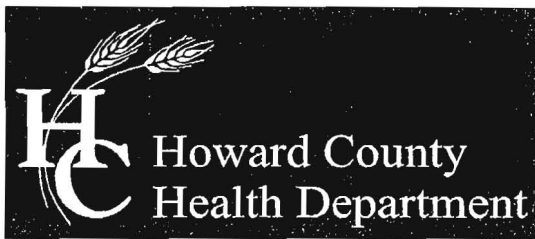


BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

WELL EXHIBIT
VISTA RIDGE
 LOT 18

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 5/16/12



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

October 4, 2017

Homeowner
2033 Drovers Lane
Cooksville, MD 21723

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 7.58 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 63 mg/L.**

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

Sincerely,

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

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

~~Howard County Health Dept~~
 Bureau of Environmental Health
 8930 Stanford Blvd
 Columbia, MD 21045


E18001152001
 Received: 09/19/2017
 Metals HO-95-2393

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-95-2393 Site Name: Vista Ridge - Lot 13 County: Howard

Sample Source: 2033 Dravers Lane Cookville Collector: S. Collins
Street Town or City Name

Date Collected: 9/18/2017 Time Collected: 1:30 a.m. / (p.m.) Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: 2.2

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 outdoor hose tap - no treatment.

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

Lab Supervisor: _____

Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•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: E18001152 Date Coll.: 09/18/2017 Date Received: 09/19/2017 Submitted By: Collins

Field ID: HO-95-2394
Lab No.: E18001152002

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7 | Sodium | 7.58 | ppm | 09/21/2017 |

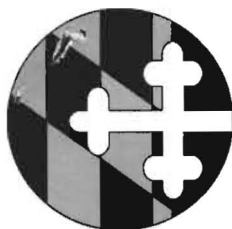
Comments:

Approved by: Yungsoo Choi

Approval date: 09/22/2017

**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.



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 NoE18001153 Date Coll. 09/18/2017 Date Received 09/19/2017 Submitted By:S. Collins

Field ID: HO-95-2393
Lab No.: E18001153001

| <u>Analyte</u> | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride | SM 4500-Cl E | <10 | mg/L | 09/22/2017 |
| Total Dissolved Solids | SM 2540C | 63 | mg/L | 09/22/2017 |

Comments:

Approved by:

Approval date: 09/27/2017

*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.