

C1 7065 SEQUENCE NO. (MDE USE ONLY)

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 ASIB625

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 05 16 07

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1695

OWNER ABC Prof. STREET OR RFD ... TOWN ... SUBDIVISION ... SECTION ... LOT ...

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, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 11 NO. OF POUNDS 7100

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

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

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

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" 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. M SD 117 DRILLERS SIGNATURE

LIC. NO. D

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

DEPTH (nearest ft.)

DEPTH (nearest ft.) 24 200

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

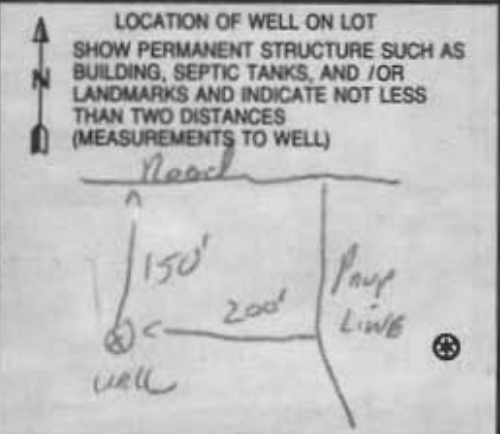
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 28 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35



B 1 0582

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526627 please type

HD-95-1095 OK TO fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
A3A Properties LLC
15 Last Name Owner First Name 34
5850 Waterloo Rd
36 Columbia MD 21045
57 Town 70 State 72 Zip 76

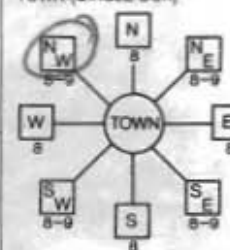
B 3 LOCATION OF WELL

8 COUNTY 21
HENRY Prop.
23 SUBDIVISION Proscottown parcel 42
SECTION 44 46 LOT A 48 50
52 NEAREST TOWN Glenview Colwood 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Ralph E. Magyne MSD 117
Ralph E. Magyne Inc
17024 Handy Rd Mt Airy MD 21771
Address
Ralph E. Magyne 4-4-02
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Burntwoods rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 195 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 5 PARCEL 106

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS16625
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/23/07 4/23/08
CO SIGNATURE EXP. DATE
NORTH GRID 527 000 EAST GRID 796 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

REPLACEMENT OR DEEPEINED 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
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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

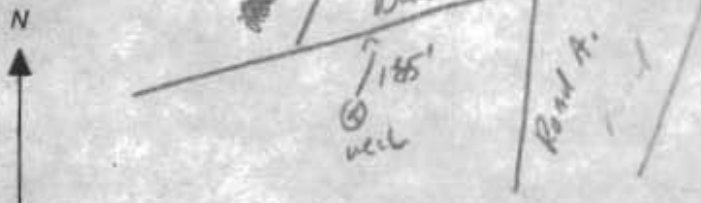
APPROP. PERMIT NUMBER G
PERMIT No. HD-95-1095

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

796 E 525
527 N 800
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

This well must be abandoned

**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: All Around plumbing Telephone #: 301-829-6745
Address: P.O. Box 3596
Frederick, MD 21705-3596

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

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

Name (Print): M. Khalil Fleming License# 24934

***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: Carnage Homes Telephone #: 410-336-3346
Subdivision: Maplewood Farm Lot #: PAR A Well Tag #: HO-95-1095
Site Address: 14347 Brentwood Rd.
Glenwood, MD 21738

✓ 1/18/18 ⊕

Submersible Pump Data

Make: Grundfos
Model #: 7G507422C
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-55
Depth: 41" (36" min)
NSF/WSC approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ⊕
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓

Depth of well encountered at time of pump installation: _____ (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, 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

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): 6 ft.
Sleeve sealed properly: ✓

1/18/2018 ⊕

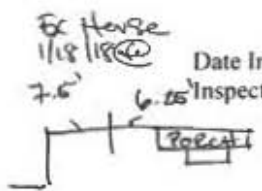
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 01-16-2018

Sheer Ring
48" from
TOP of
casing. 16"
from pitless
adapter-
casing extension

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

Date Insp. Requested: 1/18/2018 Date Insp. Approved: 2/28/18 Inspector: ⊕
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 1/18/2018 ⊕
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 29" 1/18/2018 ⊕
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 28" 1/18/2018 ⊕ 9" 2/28/18 ⊕
Water supply line sleeved adequately at house connection ✓ 5' 1/18/2018 ⊕
Adequate grout observed below pitless adapter ✓



1/18/18 ⊕
2/27/18 ⊕
Pitless not exposed.
Bolt secured cap
is present.

1/19/2018 Contractor called- Needs Replacement for upper terminal of well casing. Safety rope bolted through well casing. ⊕

1/24/18 Fail Safety @ rope outside of casing. Cap missing Bolt. Pitless not exposed.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 7, 2018

March 7, 2018

Homeowner
14347 Burntwoods Road
Glenwood, MD 21738

RE: Maple Wood Farms, P. A.
14347 Burntwoods Road
Building Permit: B17002675
Well Permit: HO-95-1095

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 **3/1/2018**. Final approval of the well line connection to the dwelling was granted on **2/28/2018**. The well construction was completed on **8/13/2007**. Water samples were collected on **2/20/2018, & 3/5/2018**.

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-95-1095. 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>

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

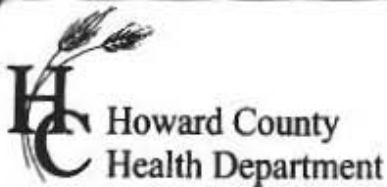
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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



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

TO ALL INTERESTED PARTIES

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

Well Site Location:

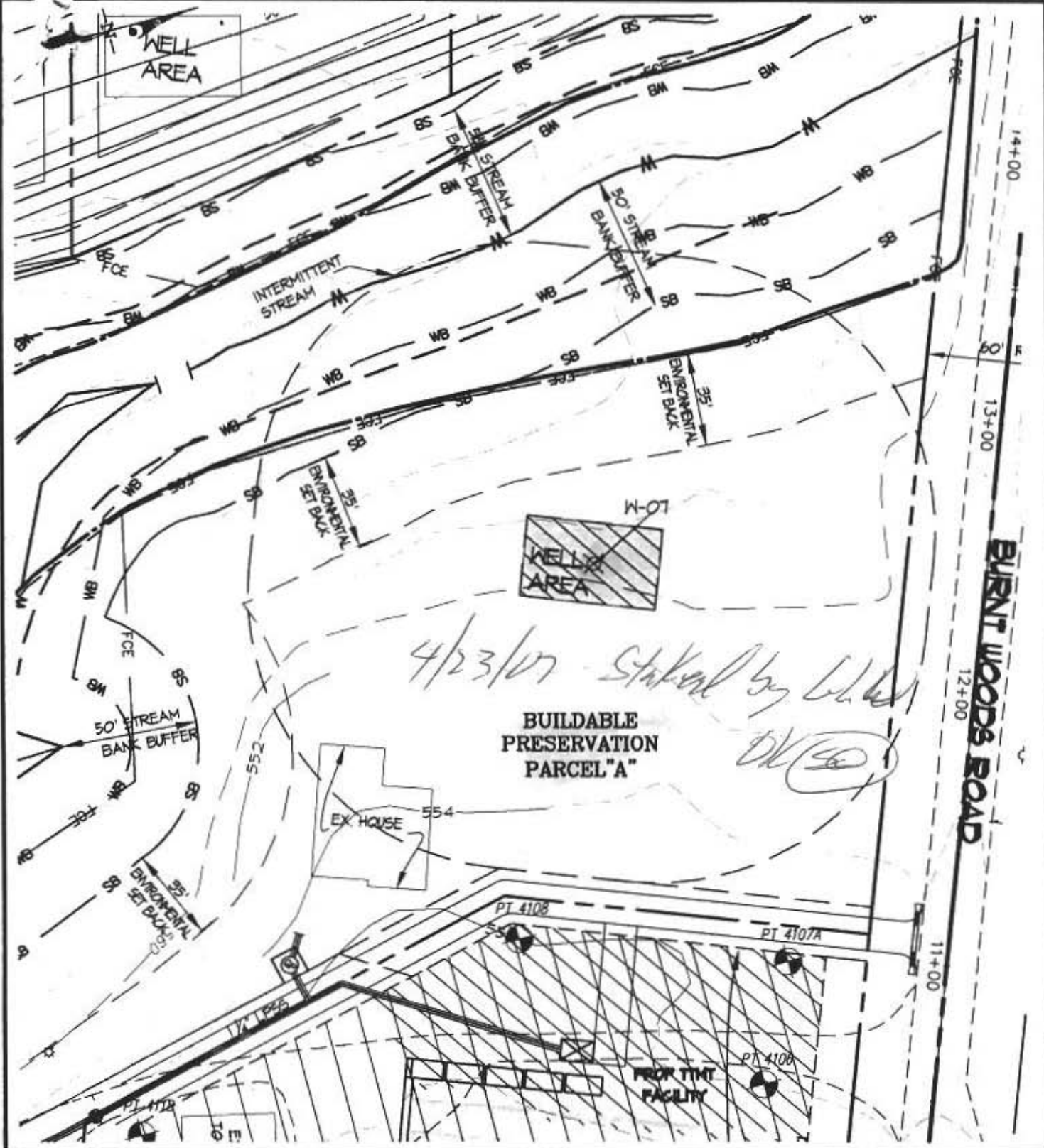
Henry Property Pres. Parcel A Burnt Woods Road
Subdivision/Property Name Lot # Road Name

The well site has been staked by GLW,
(professional land surveyor or company employing professional land surveyors)
on 4-2-07 (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 3/11/05



LEGEND	PROPOSED LPSS	HOUSE BOX	WELL BOX	WELL SURVEY POINT
	PROPOSED STORM DRAIN			

WELL LOCATION EXHIBIT - EX HOUSE

Henry Property
 Lots 1 thru 6, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" & "C"

GLW GUTSCHICK LITTLE & WEBER, P.A.
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

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

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 2/20/2018
Date Reported 2/22/2018

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

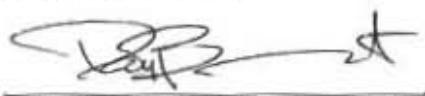
Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 158606-01 Sampled: 2/20/2018 2:00:00 Sampler: TEwards8309TE (Exp. 5/18/2019)
Location: 14347 Burntwoods Rd. Preservation: Ice
Glenwood, MD 21738 Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Iron, Total	SM 3500 D	0.99 ^X	X-Secondary	mg/l	0.05	02/21/2018	BD-139
Turbidity	EPA 180.1	1.9	X-Secondary	NTU	0.5	02/21/2018	RM-139
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	02/22/2018	BD-139
pH	Field	7.3		pH Units	1	02/20/2018	Samp-ler

X A result qualified with an "X" DOES NOT meet EPA Drinking Water Standards. EPA has Primary Standards (health related, enforceable) and Secondary Standards (non-health related, non-enforceable). Refer to page two of this report, the case narrative, to see if the parameter with an "X" is a "Primary" or a "Secondary". The narrative is available online at www.MyWaterTesting.com under documents. We can only discuss these results with the person or Company that this report is address to.

*Need.
Re-test for
Post-Treated Turbidity
& Iron
Email sent to
-Kron
Bulch
(3/2/18)*

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

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

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 3/5/2018
Date Reported 3/6/2018

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 158933-01 Sampled: 3/5/2018 Sampler: TEwards8309TE (Exp. 5/18/2019)
Location: 14347 Burntwoods Road Preservation: Ice
 Glenwood, MD 21738 Sample Point: R/O Unit

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Iron, Total	SM 3500 D	Not Detected		mg/l	0.05	03/06/2018	RM-139
Turbidity	EPA 180.1	2		NTU	0.5	03/06/2018	RM-139

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

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF C

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDOF
410-224-4304



158933 Date Due: 3/6/201
Client: Hague Quality Water
Project:

Company Name, Address Phone & Fax

Hague

Testing Address

4347 BURNWOODS RD
STREET
Glenwood, MO 21738
CITY STATE ZIP

Send Report By: Fax Postal Service Email

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

FIELD COLLECTION INFORMATION

Collected: Date 2/5/17 Time 11:30 Well Tag #: _____
 Collectors Name: TIM EDWARDS Certification # TE8309 Expires 7/19
 Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
 pH: 7.3 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: _____ Chemicals: RO FAUCET 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: IRON + TURB - RUSH IDA

Released By: [Signature] Date: 2/9/17 Time 12:50 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: [Signature] Date: 3/5/18 Time 12:25
 Ver: 08042015

Wolf, Kevin

** Hold ICOP
Assure until
post-treatment
iron + turbidity
is resolved
passed
Knode*

From: Wolf, Kevin
Sent: Friday, March 02, 2018 12:50 PM
To: Kenneth Knode
Subject: Re: Lab No. 158606 Environmental Testing Laboratory

Ken,
I will call you on this. I'll be back in the office 12:30. The resulting turbidity is elevated. Furthermore, a test was collected and processed for Iron which came in elevated above the secondary maximum containment level (SMCL). You will need to treat this excess turbidity with an iron removal system. Then, retest for turbidity and iron AFTER treatment. If the resulting sample comes back below the MCL of 10NTUs for turbidity and lowers the Iron below the SMCL, I can issue you the ICOP.

----- Original message -----

From: Kenneth Knode <KKnode@carusohomes.com>
Date: 3/2/18 12:36 PM (GMT-05:00)
To: "Wolf, Kevin" <KWolf@howardcountymd.gov>
Subject: Fwd: Lab No. 158606 Environmental Testing Laboratory

Hopefully everything is in. When available could you send ICOP letter to Matt at DILP? He's the only person who made it in today, thank you

Sent from my iPhone

Begin forwarded message:

From: Timothy Edwards <tedwards@haguewaterofmd.com>
Date: March 2, 2018 at 11:46:31 AM EST
To: Kenneth Knode <knode@carusohomes.com>
Subject: Fwd: Lab No. 158606 Environmental Testing Laboratory

----- Forwarded message -----

From: Environmental Testing Labs, Inc. <etlannapolis@gmail.com>
Date: Thu, Feb 22, 2018 at 1:06 PM
Subject: Lab No. 158606 Environmental Testing Laboratory
To: testing@haguewaterofmd.com
Cc: etlannapolis@gmail.com

Your laboratory report is attached as a PDF file. If you have any difficulties in viewing the report or have questions please contact us.

Daniel J. Brumsted - President
Environmental Testing Lab, Inc
108 Old Solomons Island Road

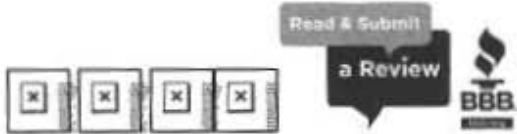
Annapolis, MD 21401

- and -

3430 Rockefeller Court
Waldorf, MD 20602
Ph: 410.224.4304 Fax: 4307

--

Timothy J. Edwards
Hague Quality Water of Maryland &
Chesapeake Cooler Company
814 East College Parkway
Annapolis, MD 21409
Office: 410-757-2992
Cell: (410) 353-8501



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ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX



158606 Date Due:
Client: Hague Quality Water
Project:

Company Name, Address Phone & Fax

Hague

Testing Address

14347 Burntwood Rd.
STREET
Glen Wood, MO 21738
CITY STATE ZIP

Send Report By: Fax Postal Service Email

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

FIELD COLLECTION INFORMATION

Collected: Date 2/20/18 Time 2:00 Well Tag #: _____

Collectors Name: TIM EDWARDS Certification # TE 8309 Expires 7/19

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

pH: 7.3 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: R Chemicals: KITCHEN SINK 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: [Signature] Date: 2/20/18 Time 3:30 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: [Signature] Date: 2/20/18 Time 15:35 pm



Report Date: February 9, 2018

Hague Quality Water of Maryland
814 E. College Pkwy.
Annapolis, MD 21409

Field Custody: Client
Client/Field ID: 12934 Folly
Quarter Rd
Sample Collection: 01-29-18/1230
Lab ID No: 18.981
Lab Custody Date: 02-01-18/1020
Sample description: Water

CERTIFICATE OF ANALYSIS

Parameter	Results	Units	Method	Analysis Date	Detection Limit
Gross Alpha	0.0 ± 0.5	pCi/l	EPA 900.0	2-5-18/1524	1.3
Gross Beta	0.4 ± 1.0	pCi/l	EPA 900.0	2-5-18/1524	2.4
Radium 226	0.3 ± 0.2	pCi/l	EPA 903.0	2-8-18/1212	0.3
Radium 228	0.1 ± 0.4	pCi/l	EPA Ra-05	2-8-18/0958	0.7

Alpha Standard: Th-230

James W. Hayes
Laboratory Manager

Test results meet all requirements of the NELAC standards.
Contact person: Jim Hayes (813) 229-2879.

KNL ENVIRONMENTAL TESTING, INC. | 3202 NORTH FLORIDA AVENUE | TAMPA, FLORIDA 33603
813.229.2879 | KNLENVIRONMENTAL.COM

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CU



ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF 158605 Date Due:
410-224-4304 FA: Client: Hague Quality Water
Project:

Company Name, Address Phone & Fax

Hague

Testing Address

BURNTWOODS
14347 Burntwood Rd.
STREET
Glenwood Mo 21738
CITY STATE ZIP

Send Report By: Fax Postal Service Email

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

FIELD COLLECTION INFORMATION

Collected: Date 2/20/18 Time 2:00 Well Tag #: _____
Collectors Name: TIM EDWARDS Certification # TE 9307 Expires 7/19
Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
pH: 7.3 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: KRAMSINK 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: JE Date: 2/20/18 Time 3:30 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: [Signature] Date: 2/20/18 Time 1:35 pm

CERTIFICATE OF ANALYSIS



Requester:
Mr. Richard Azrael
5850 Waterloo Road
Suite 230
Columbia, Maryland 21045

S/O Number: 64265-2
Report Date: July 11, 2007

Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Property Sampled: 14337 ⁽¹⁴³⁴⁷⁾ Burntwoods Road – Site #2 – Retest

County: Howard
Subdivision: N/A
Lot #: N/A
Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: July 10, 2007 at 11:29 am
Date/Time Received: July 10, 2007 at 3:00 pm

Sample Location: House - Pump
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1095
Well Condition: N/A

Water Conditioning/Treatment: N/A

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*8/13/07 Sample from old well to
be abandoned. New well
not hooked up yet (S)*

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Monday, April 15, 2013 3:00 PM
To: Sean McDonough
Subject: RE: Maplewood Farms SDP 13-040 - Well relocation

I should have an answer for you after tomorrow. The MDE rep is going to be in our office tomorrow and I am going to discuss this project with him. I'll let you know what the next step is after tomorrow. We will probably need a simple variance request from the owner at some point.

From: Sean McDonough [<mailto:SMcdonough@ecotoneinc.com>]
Sent: Monday, April 15, 2013 2:36 PM
To: Williams, Jeffrey
Subject: Re: Maplewood Farms SDP 13-040 - Well relocation

Jeff,

A couple of quick questions. Do I need to apply for the variance? How long does this typically take?

Sean McDonough
Environmental scientist
Ecotone Inc.

On Apr 15, 2013, at 2:18 PM, "Williams, Jeffrey" <jewilliams@howardcountymd.gov> wrote:

Sorry for the long delay in responding. I have forwarded this proposal to our regional representative of the Maryland Dept. of the Environment for his review of the new location.

While the new location is 290' away, it is downgradient of the shared septic area, which requires a variance from MDE. I'll let you know when we have an answer. Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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From: Sean McDonough [<mailto:SMcdonough@ecotoneinc.com>]
Sent: Friday, April 05, 2013 12:16 PM
To: Williams, Jeffrey
Subject: Maplewood Farms SDP 13-040 - Well relocation

Jeff,

My name is Sean McDonough with Ecotone. We spoke a couple weeks ago about the existing well and the Maplewood Farms site and the potential for relocating the well closer to the building envelope. I have contacted Mike Isom of Barlow to advise on the drilling of a new well. Before I submit my perc plan, I wanted to send you a PDF of the area that I plan to put the new well envelope to get an idea of your thoughts. The proposed well is 290 feet away from the shared septic field. I thought this might be a better alternative to several iterations of a perc plan. I would greatly appreciate your input at your earliest convenience.

Sean McDonough

Environmental Scientist

<image001.jpg>

2120 High Point Road Forest Hill, MD 21050

P.O. Box 5 Jarrettsville, MD 21084

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