

C1 36403 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.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A520385

ST/CO USE ONLY DATE RECEIVED MM DD YS 10 15 15

DATE WELL COMPLETED MM DD YS 10-6 2015

Depth of Well 22 260' 26 (TO NEAREST FOOT)

OK 10/21/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-15-0119

OWNER Baseler Venture LLC WELL SITE ADDRESS Grape Myrtle Ct TOWN Clarksville SUBDIVISION Walnut Creek SECTION 4 LOT 147

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand (0-20), Clay (20-31), sand (31-46), Mica (46-260). Includes handwritten notes: 40' 195' 230'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 32 NO. OF POUNDS 3008 GALLONS OF WATER 192 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 48 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 50

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

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT] insert appropriate code below

DEPTH (nearest ft.)

ACSHSFCRE SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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 17 ft. WHEN PUMPING 147 ft. TYPE OF PUMP USED (for test) [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 LAND SURFACE [-] below 2 (nearest foot)

LATITUDE 39.23398 LONGITUDE 76.94632 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

DRILLERS LIC. NO. MSD 117 DRILLERS SIGNATURE L.C. NO. MSD 024 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 26870

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0117

fill in this form completely

590205-H please type

Date Received (APA)

080515

OWNER INFORMATION

BASSLER VENTURE LLC
PO Box 482
Lisbon MD 21765

B 3 LOCATION OF WELL

Howard
8 COUNTY
WALNUT CREEK Phase 4
23 SUBDIVISION
SECTION 44 46 LOT 147 48 50
CLARKSVILLE MD
52 NEAREST TOWN

DRILLER INFORMATION

RAULH MAYNE MSD 117
RAULH MAYNE WELL DRILLING
17024 Handy Rd Mt. Airy MD, 21771
Signature Date 8/14/15

B 4 SOURCES OF DRILLING WATER

1 well
GRAPE MYRTLE Ct
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 300 37
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: PARCEL 49

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 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
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A520385
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/11/15
CO SIGNATURE EXP DATE 8/11/16

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

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)

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

APPROX. PERMIT NUMBER H02006G020

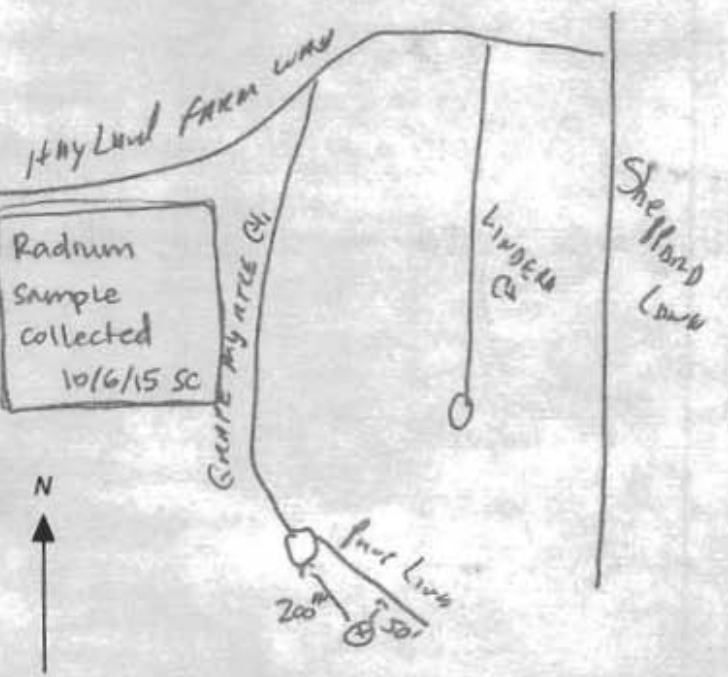
PERMIT No. HO-15-0117

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Wells must be 100' apart. Radium sample required at yield

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



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: Tri-County Pump Service, Inc Telephone #: 301-432-0330
Address: 6911 Old National Pike
Bonabon, MD 21713

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

License # and name of individual responsible for the field installation:
Name (Print): William Griffith License # 10135

*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: Coltman Home Telephone #: 703-932-0573
Subdivision: Walnut Creek Lot #: 147 Well Tag #: HO-15-0117 1/25/2018 @
Site Address: 5051 Creech Myrtle Ct
Ellicott City, Md 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Star Make: American Gravity Two piece watertight cap: yes
Model #: SPH50522-01 Model #: PT100 Screened, vented well cap: yes
Pump Capacity: 7 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 12 GPM NSF/WSC approved: Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 260 (feet) Conduit secured to well cap: yes
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

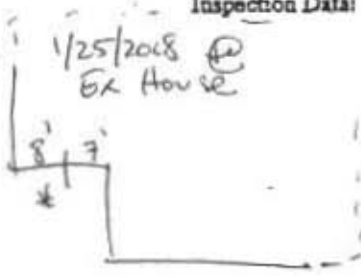
Piping to house House Connection
Type: PVC PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 (160 psi min) Length of sleeve (5' minimum from foundation): 20ft
Depth of supply line: 36" (36" min) Sleeve sealed properly: yes

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 of company representative responsible for installation: William Griffith date: 1-25-2018

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

Date Insp. Requested: 1/25/2018 Date Insp. Approved: 1/25/2018 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 48" 1/25/2018 @
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 42" 1/25/2018 @
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 10" 1/25/2018 @
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



* well under footer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 4, 2018

June 4, 2018

Homeowner
5051 Crape Myrtle Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 147
5051 Crape Myrtle Court
Building Permit: B17003579
Well Permit: HO-15-0117**

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 **6/4/2018**. Final approval of the well line connection to the dwelling was granted on **1/25/2018**. The well construction was completed on **10/6/2015**. Water samples were collected on **5/15/2018**.

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.

Gross Alpha and Beta samples were also collected on **10/6/2015**. Results showed a Gross Alpha level of **6.7 ± 1.8 pCi/L** and Gross Beta level of **4.7 ± 1.7 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-15-0117. 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.**



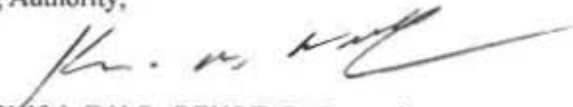
Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

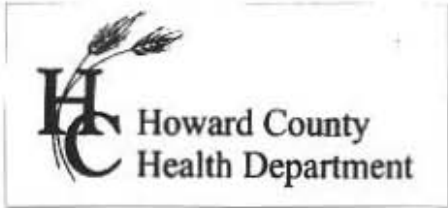
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., 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

Peter L. Bielensohn, 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:

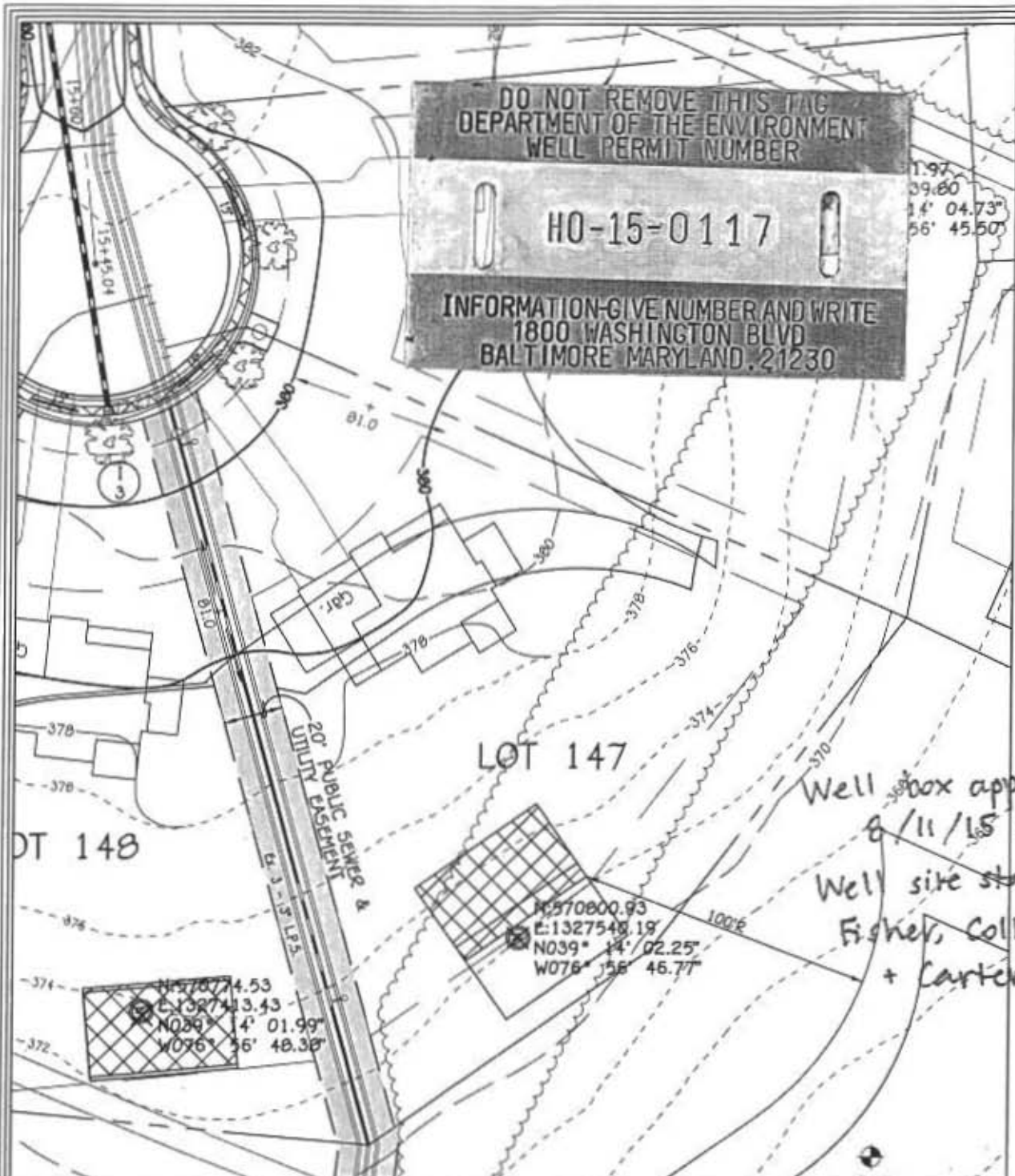
Walnut Creek Phase 4 147 Crape Myrtle Ct.
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 07/27/15 (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 3/11/07

I:\2004\04001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:33:45 AM, 1:1



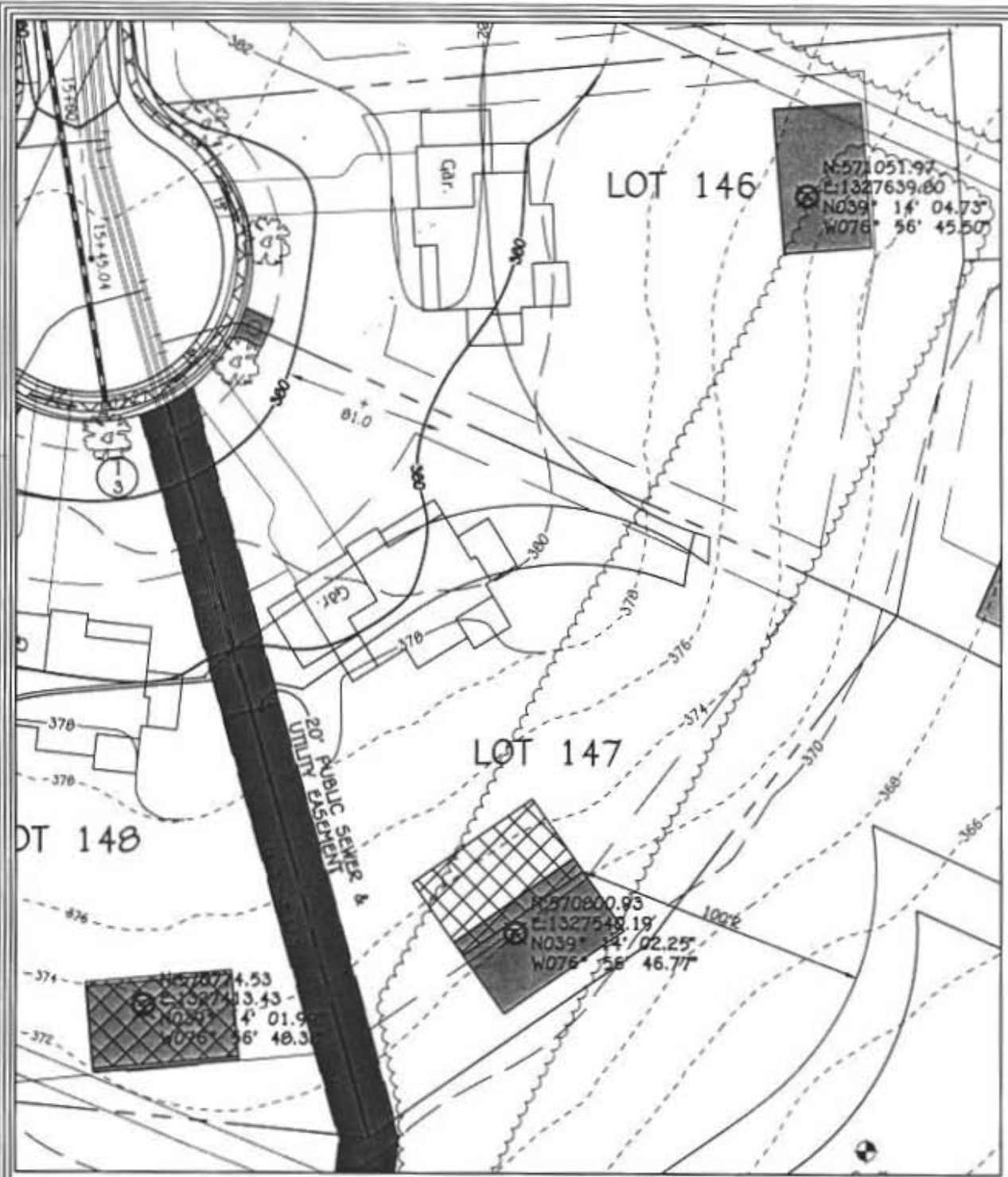
WELL LOCATION INFORMATION:
 NORTHING = 570800.93 EASTING = 1327540.19
 LATITUDE = N 39°14'02" LONGITUDE = W 76°56'47"

**LOT 147 WELL MAP
 WALNUT CREEK
 PHASE FOUR**

Lots 23 - 66, Non-Buildable Preservation Parcels
 'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
 & Non-Buildable Parcel 'J'
 ZONED: RC-DEO & RR-DEO
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: FEBRUARY 23, 2015 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CONFEDERAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PARK
 BELLEFONTAINE CITY, MARYLAND 21042
 (410) 461 - 2895

I:\2004\04001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:33:45 AM, 1:1



WELL LOCATION INFORMATION:
 NORthing = 570800.93 EASTING = 1327540.19
 LATITUDE = N 39°14'02" LONGITUDE = W 76°56'47"

LOT 147 WELL MAP
WALNUT CREEK
PHASE FOUR

Lots 23 - 68, Non-Buildable Preservation Parcels
 'C', 'G', 'T', 'K', 'L' And 'M'. Buildable Bulk Parcels 'E' And 'H'
 & Non-Buildable Parcel 'J'
 ZONED: RC-DEO & RR-DEO
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: FEBRUARY 23, 2015 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 18872 BALTIMORE NATIONAL PIKE
 ELLSWORTH CITY, MARYLAND 21042
 (410) 441 - 8893



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

November 20, 2015

Bassler Venture
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 147
Crape Myrtle Court
Well Tag: HO - 15 - 0117

Dear Mr. Feaga:

A sample was collected during a yield test on October 6, 2015 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 6.7 ± 1.8 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.7 ± 1.7 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 **meets** 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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental
2932 Stanford Blvd
Columbia, MD 21045

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

Lab No. 100 233-7

1770 Ashland Ave. Baltimore, MD 21205

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 147 County: Howard

Sample Source: Grape Myrtle Cl. Location: HO-15-0117

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 - Plant No.

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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 checked="" type="checkbox"/>
Other _____	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" 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: S

Collector: S. Collins Telephone No.: 410-333-6297

Date Collected: 10/6/15 Time Collected: 10 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken during yield test

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	<u>0623</u>	<u>EPA 900.0</u>	<u>6.7 ± 1.8</u>	<u>10/8/15</u>	<u>JJ</u>	<u>10/9/15</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>0623</u>	<u>EPA 900.0</u>	<u>4.7 ± 1.7</u>	<u>10/8/15</u>	<u>JJ</u>	<u>10/9/15</u>
<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: 10/07/15 Received By: JJ

Data Release Signature: Debra... Miller - J... Full Date: 10/13/15

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: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Howard Co Health Dept
 Bureau of Environmental Health 201 W. Preston St., Baltimore, MD 21201
 2930 Standard Blvd
 Columbia, MD 21045
 Laboratories Administration
 Robert A. Myers, Ph.D., Director

Lab No. 00023723-7

1770 Ashland Ave. Baltimore, MD 21205
 RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field blank County: Howard

Sample Source: dillo Location: HCHD Lab

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 Plant No.

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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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" 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: 5

Collector: S. Collins Telephone No.: 410-313-6237

Date Collected: 10/6/15 Time Collected: _____ a.m. 3:30 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

#	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0622	EPA 900.0	<2.0	10/8/15	JJ	10/9/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0622	EPA 900.0	<4.0	10/8/15	JJ	10/9/15
<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: 10/7/15 Received By: In JJ

Data Release Signature: Deborah Miller-Jack Date: 10/13/15

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

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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 2091-1

Field Record

Site visit performed on: Tuesday, May 15, 2018 12:45 PM
 by: Steve Wolfe State ID No. 8587SW
 Affiliation: Tri-County Pump Services
 Property Owner: Craftmark Homes
 Project: Lot 147
 Property Address: 5051 Crape Myrtle Court ✓
 Ellicott City, MD 21042
 Sample Source: 1st Floor Vanity ✓
 Treatment Devices Noted: No Treatment Devices
 Well No.: HO-15-0017
 Field pH: 7.5
 Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 5/15/2018 1:46 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1 ✓	<1 ✓	05/15/18	14:21	05/16/18	14:51	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	✓ 1.1	mg/l	10	5/15/2018	300.0	PH
Sand	✓ <2	mg/l	5	5/17/2018	0.065mm Filter	JD
Turbidity	✓ 5.1	NTU	<10	5/15/2018	180.1	KMW

Reported by: Curtis Phelps 5/17/18
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

