

C1 3140

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A520449-A

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 10 16 2009

Depth of Well 22 280' 26 (TO NEAREST FOOT)

11/20/09 OK (20)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No. 95-1309

OWNER Demmitt Richard STREET OR RFD All Daughters Lane TOWN Fulton SUBDIVISION Orchard Estates SECTION LOT 2

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. Includes entries for Sand and Gray Mica Rock.

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 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) 0 ft. to 61 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE 57 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 MSD024 DRILLERS SIGNATURE Joseph J. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD027

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

DEPTH (nearest ft.)

Table for DEPTH (nearest ft.) with columns 1-3 and rows A through N.

DIAMETER OF SCREEN (NEAREST INCH) 58 from 56 to 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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 ft. WHEN PUMPING 69 ft. TYPE OF PUMP USED (for test) 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 36 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)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



all Daughters Lane

B 1 1037

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527836 please type

STATE PERMIT NUMBER 95-1309 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Demmitt Richard P.O. Box 228 Clarksville Md 21029

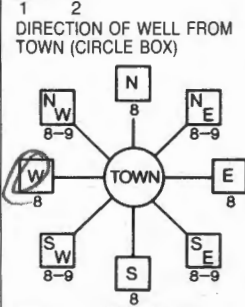
B 3 LOCATION OF WELL

Howard Orchard Estates Fulton Md 21029

DRILLER INFORMATION

Joseph & Mayne MSD 024 Joseph & Mayne Well Drilling 5512 Ridgerd Mt. Airy Md 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



all Daughters Lane ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 35 FT TAX MAP: 40 BLK: 18 PARCEL 178

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Health A520449-A COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10/16/07 CO SIGNATURE EXP. DATE 10/16/08 NORTH GRID 484 000 EAST GRID 816 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

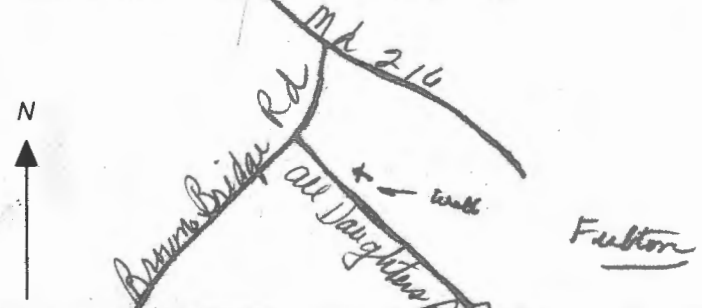
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 816 N 484

DRAW-A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROX. PERMIT NUMBER G PERMIT No. 95-1309

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE FORMS IF REQUIRED. Radium sample needed @ 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 SVC 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# PE 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 #: 301-252-0126  
Subdivision: OBB Lot #: 2 Well Tag #: HO-95-1309  
Site Address: 12407 ALL DAUGHTERS LN  
FULTON, MD

|   |                             |  |
|---|-----------------------------|--|
| <b>Submersible Pump Data</b>  | <b>Pitless Adapter</b>      | <b>Well Cap and Electric Conduit</b>                             |
| Make: <u>Eschweiler</u>   | Make: <u>Campbell</u>       | Two piece watertight cap: <input checked="" type="checkbox"/>    |
| Model #: <u>314 HT</u>  | Model#: <u>PA500</u>        | Screened, vented well cap: <input checked="" type="checkbox"/>   |
| Pump Capacity <u>10</u> GPM   | Depth: <u>48"</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/>       |
| Well Yield: <u>10</u> GPM   | NSF approved: <u>YES</u>    | Conduit min 18" B.G.: <input checked="" type="checkbox"/>        |
| Depth of well encountered at time of pump installation: _____ (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 _____                             |                             |  |

|   |   |
|---|---|
| <b>Piping to house</b>                    | <b>House Connection</b>   |
| Type: <u>PE</u>                           | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>200</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 7-22-19

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_

Two piece cap installed and attached to casing securely \_\_\_\_\_

Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_

Safety rope installed inside of well casing \_\_\_\_\_

Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

Adequate grout observed below pitless adapter \_\_\_\_\_

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

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1309  
 Site Address: 12407 ALE DAUGHTERS

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_  
 Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM 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.: \_\_\_\_\_  
 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

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
 Sleeve sealed properly: \_\_\_\_\_

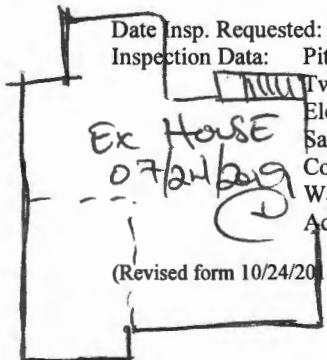
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

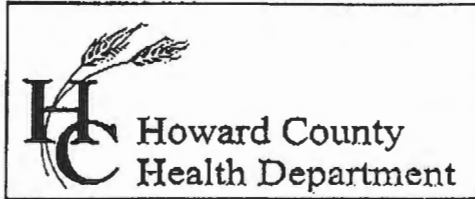
Date Insp. Requested: 7/24/2019 Date Insp. Approved: 7/24/2019 Inspector: \_\_\_\_\_  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
 Two piece cap installed and attached to casing securely  
 Elec. conduit extends at least 18" below grade/attached to cap 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

38" 7/24/2019 ✓  
19" 7/24/2019 ✓  
28" 7/24/2019 ✓



(Revised form 10/24/2018)

\* UNDER FOOTER



7178 Columbia Gateway Drive, 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 permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location: *Parcel A*  
Orchard Est - *1, 2, 3, 4* all Daughters Lane  
 Subdivision/Property Name *5, 6, 7, 8* Lot# Road Name

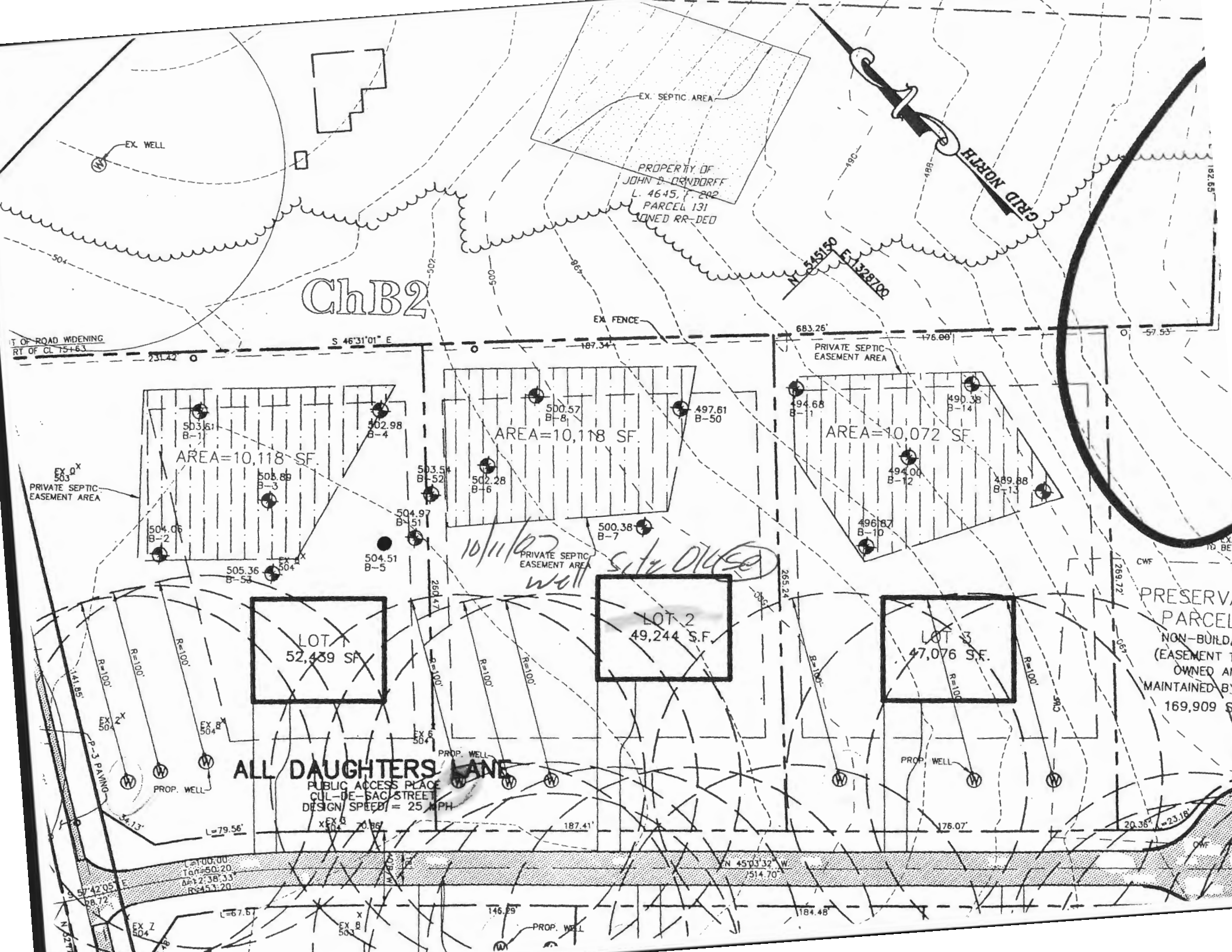
The well site has been staked by Patton Harris Rust + Ass -  
 (professional land surveyor or company employing professional land surveyors)  
 on Sept 2007 (date) and does not require a site inspection.

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

*Richard Demmitt*



EX. SEPTIC AREA

PROPERTY OF  
JOHN D. GRNDORFF  
L. 4645, P. 282  
PARCEL 131  
UNED RR-DED

ChB2

T OF ROAD WIDENING  
RT OF CL 75+63

S 46°31'01" E

683.26'

PRIVATE SEPTIC  
EASEMENT AREA

AREA=10,118 SF

AREA=10,118 SF

AREA=10,072 SF

EX Q<sup>x</sup>  
503  
PRIVATE SEPTIC  
EASEMENT AREA

PRIVATE SEPTIC  
EASEMENT AREA

10/11/07  
well  
Site Old

LOT 1  
52,439 SF

LOT 2  
49,244 SF

LOT 3  
47,076 SF

PRESERV  
PARCEL  
NON-BUILD  
(EASEMENT 1  
OWNED BY  
MAINTAINED BY  
169,909 \$

ALL DAUGHTERS LANE

PUBLIC ACCESS PLACE  
CUL-DE-SAC STREET  
DESIGN SPEED = 25 MPH

L=79.56'  
Tan=50.20  
Δ=12.38.33  
R=453.20

N 45°03'32" W  
7514.70'

EX Z  
504

EX B  
503

PROP. WELL

184.48'

20.36' -23.18'



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 30, 2007

Mr. Richard Demitt  
P.O. Box 228  
Clarksville, Maryland 21029

RE: Orchard Estates Lot 2  
All Daughter's Lane  
Well Tag: HO-95-1309

Dear Mr. Demitt:

A sample was collected from a yield test on October 16, 2007 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $4.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $5.0 \pm 2.0$  pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the **maximum contaminant level (MCL)** of 15 pCi/L and the 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 appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard testing will still be necessary.

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

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
✓ Well & Septic File

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 30, 2020**

October 31, 2019

Homeowner  
12407 All Daughters Lane  
Highland, MD 20777

**RE: Orchard Estates, Lot 2**  
**12407 All Daughters Lane**  
**Building Permit: B19001322**  
**Well Permit: HO-95-1309**

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 **10/11/2019**. Final approval of the well line connection to the dwelling was granted on **7/24/2019**. The well construction was completed on **10/16/2007**. Water samples were collected on **10/7/2019, 10/15/2019**.

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 **11/30/2007**. Results showed a Gross Alpha level of **4.0 ± 1.0 pCi/L** and Gross Beta level of **5.0 ± 2.0 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-95-1309. 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.**

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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 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

Send Report To:

Bert Nixon

State of Maryland

DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

*Unvised*

201 W. Preston Street, Baltimore, Maryland 21201

*John M. DeBoy, Dr. P.H., Director*

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: H0-95-1309 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Orchards Est. Lot 2 County: Howard

Sample Source: All Daughters Ln. Location: H0-95-1309  
(well no., lab sink, sample tap, etc.)

County:   Plant No.

CHECK (one per box)

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

|               |                                     |
|---------------|-------------------------------------|
| Community     | <input type="checkbox"/>            |
| Non-community | <input type="checkbox"/>            |
| Private       | <input checked="" type="checkbox"/> |
| Other         | <input type="checkbox"/>            |

|                        |                                     |
|------------------------|-------------------------------------|
| Source (raw water)     | <input checked="" type="checkbox"/> |
| Distribution (treated) | <input type="checkbox"/>            |
| MCL                    | <input type="checkbox"/>            |

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

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 10/16/07

Time Collected: \_\_\_\_\_ a.m. 12:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample collected during yield test. pH Chlorine

| ✓ | Test                  | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|
| ✓ | Gross Alpha           | 4000     |                |                 |               |
| ✓ | Gross Beta            | 4100     |                |                 |               |
|   | Radon-222<br>Bottle A | 4004     |                |                 |               |
|   | Radon-222<br>Bottle B | 4004     |                |                 |               |
|   | Field Blank A         | 4004     |                |                 |               |
|   | Field Blank B         | 4004     |                |                 |               |
|   | Tritium               |          |                |                 |               |
|   | Ra - 226              | 4020     |                |                 |               |
|   | Ra - 228              | 4030     |                |                 |               |
|   | Total Uranium         | 4006     |                |                 |               |
|   |                       |          |                |                 |               |
|   |                       |          |                |                 |               |

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Supervisor: \_\_\_\_\_

# HOME LAND

L A B S

"Healthy Homes Start Here"  
State Certified Water Quality Laboratory #353

## Certificate of Analysis

Report Date: 10/9/2019

Client: Well Water Solutions, Inc.  
Property Address: 12407 All Daughters Ln Lot2  
Highland, MD 20777

Report No: 177367  
Date & Time Sampled: 10/07/2019 11:45 am  
Date & Time Received: 10/08/2019 11:00 am  
Sampled By: Janet Bieber 9006JW (Exp. 9/5/2021)  
Preservation: Ice  
Sample Point(s): Kitchen sink, Bacteria-First floor bathroom sink  
Water Conditioning Appears to be: None  
Building Permit #: B19001322

Chlorine Residual: 0.0  
Field pH: 5.5  
Well Type: Drilled  
Well Height: >24"  
Cap Type: 2-piece  
Casing: Steel  
Conduit: PVC  
Clarity: Clear  
Sand: None Observed  
Well Tag Number: HO-95-1309

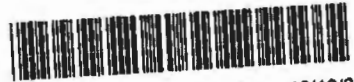
| Primary Contaminants    |              |         |                  |           |         |     |         |                  |
|-------------------------|--------------|---------|------------------|-----------|---------|-----|---------|------------------|
| Parameter               | Method       | Result  | Pass/Fail        | Units     | MCL     | RL  | Analyst | Date of Analysis |
| Bacteria-Total Coliform | Colitag Test | Present | Fail             | Per/100ml | Present | 1   | MAK-353 | 10/09/2019       |
| Bacteria-E.coli         | Colitag Test | Absent  | Pass             | Per/100ml | Present | 1   | MAK-353 | 10/09/2019       |
| Nitrate + Nitrite as N  | EPA 353.2    | 3.8     | Pass             | mg/l      | 10      | 0.5 | MAK-353 | 10/08/2019       |
| Secondary Contaminants  |              |         |                  |           |         |     |         |                  |
| Parameter               | Method       | Result  | Acceptable /High | Units     | SMCL    | RL  | Analyst | Date of Analysis |
| Turbidity               | EPA 180.1    | 8.4     | Acceptable       | NTU       | 10      | 0.5 | AND-353 | 10/08/2019       |

Approved By Kevin Barnaba Kevin Barnaba, Lab Director



# HOME LAND ENVIRONMENTAL HEALTH LABS

443-50  
9106 P  
Roseda  
www.h  
lab@ha



177367 Date Due: 10/10/2  
Client: Well Water Solutions, Inc.  
Project:

## Chain Of Custody Form

Client Name Well Water Solutions, Inc.

Site Address:

1072-12407  
All Daughters Lane  
Highland, MD 20777

Address 5163 Darting Bird Lane, Columbia, MD 21044

Phone 410-935-7185 &/or 301-674-3137

Email jbieber@wellwatersolutions.net & jemoseman@wellwatersolutions.net

### Field Collection Information

|                    |                           |
|--------------------|---------------------------|
| Collector's Name:  | <u>Janet Walker</u>       |
| Sampler's ID #:    | <u>9008JW Exp: 8/5/21</u> |
| Collected Date and | <u>10/7/2019 @ 11:45</u>  |
| Well Tag Number:   | <u>H0-95-1309</u>         |

|                          |                         |
|--------------------------|-------------------------|
| Field pH:                | <u>5.5</u>              |
| Field Chlorine:          | <u>Present</u> Absent   |
| Sand:                    | Yes <u>No</u>           |
| Clear At Time of Sample? | <u>Yes</u> No           |
| Was Well Chlorinated?    | <u>Yes</u> No / Unknown |

Well Casing and Cap Condition \*Bldg Permit # B19001322

|                     |           |              |            |
|---------------------|-----------|--------------|------------|
| Height Above Grade: | Cap Type: | Casing:      | Conduit:   |
| <u>&gt; 24"</u>     | <u>2p</u> | <u>Steel</u> | <u>PVC</u> |

Requested Testing: (Please Circle All That Apply)

|   |  |
|---|--|
| <input type="checkbox"/> FHA/VA (Potability +Nitrates, Lead and Iron) | <input checked="" type="checkbox"/> Potability (Bacteria, Nitrates, pH, Turbidity) ✓ |
|---|--|

|                |          |          |           |             |                |
|----------------|----------|----------|-----------|-------------|----------------|
| Arsenic        | Bacteria | Cadmium  | Chlorides | Gross Alpha | Iron           |
| Lead           | MTBE     | Nitrates | Nitrites  | Pesticides  | Radium 226/228 |
| Total Hardness | VOC's    | Other:   | Other:    | Other:      | Other:         |

|   |   |
|---|---|
| Source:<br><input checked="" type="checkbox"/> Bacteria Sample Collected RAW No Treatment from first floor Bathroom Sink. All Other Samples collected RAW No Treatment from the Kitchen Sink. | Water Conditioning:<br><input checked="" type="checkbox"/> None / All Samples collected RAW from a tap<br>NOTE: The Property does not have Water Treatment. All Samples collected from a tap with No Water Treatment "RAW". |
|---|---|

### Release Signatures

\* Please return COC with the Lab Results

Released By: [Signature]  
Janet Walker

Date/Time: 10/7/19 01:30

Released By: [Signature]

Date/Time: 10/8/19 11:00

Released By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received in lab by: [Signature]

Date/Time: 10/8 11:00am

# HOME LAND

L A B S

"Healthy Homes Start Here"  
State Certified Water Quality Laboratory #353

## Certificate of Analysis

Report Date: 10/17/2019

Client: Well Water Solutions, Inc.  
Property Address: 12407 All Daughters Lane Lot 2  
Highland, MD 20777

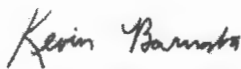
Report No: 177728  
Date & Time Sampled: 10/15/2019 11:30 am  
Date & Time Received: 10/16/2019 2:45 pm  
Sampled By: Janet Bieber 9006JW (Exp. 9/5/2021)  
Preservation: Ice  
Sample Point(s): First floor bathroom sink  
Water Conditioning Appears to be: None  
Building Permit: B-19001322

Chlorine Residual: 0.0  
Field pH: 5.7  
Well Type: Drilled  
Well Height: >24"  
Cap Type: 2-piece  
Casing: Steel  
Conduit: PVC  
Clarity: Clear  
Sand: None Observed  
Well Tag Number: HO-95-1309

### Primary Contaminants

| Parameter               | Method       | Result | Pass/Fail | Units     | MCL     | RL | Analyst | Date of Analysis |
|-------------------------|--------------|--------|-----------|-----------|---------|----|---------|------------------|
| Bacteria-Total Coliform | Colitag Test | Absent | Pass      | Per/100ml | Present | 1  | MAK-353 | 10/17/2019       |
| Bacteria-E.coli         | Colitag Test | Absent | Pass      | Per/100ml | Present | 1  | MAK-353 | 10/17/2019       |

Approved By



Kevin Barnaba, Lab Director



# HOME LAND ENVIRONMENTAL HEALTH LABS

443-505-8375  
9106 Philadelphi  
Rosedale MD 212  
www.homelandhi  
lab@homelandhe.

*DIK11\**  
177728 Date Due: 10/18/2  
Client: Well Water Solutions, Inc.  
Project:

## Chain Of Custody Form

Client Name Well Water Solutions, Inc.

Site Address: Lot 2

Address 5163 Darting Bird Lane, Columbia, MD 21044

12407 All Daughters Lane  
Highland, MD 20777

Phone 410-935-7185 &/or 301-674-3137

Email jbieber@wellwatersolutions.net &  
jemoseman@wellwatersolutions.net

## Field Collection Information

|                    |                           |
|--------------------|---------------------------|
| Collector's Name:  | Janet Walker              |
| Sampler's ID #:    | 8006JW Exp: 9/5/21        |
| Collected Date and | <u>10/15/2019 @ 11:30</u> |
| Well Tag Number:   | <u>H0-95-1309</u>         |

|                          |   |
|--------------------------|---|
| Field pH:                | <u>5.7</u>  |
| Field Chlorine:          | <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent |
| Sand:                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |
| Clear At Time of Sample? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |
| Was Well Chlorinated?    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |

Well Casing and Cap Condition \*Bldg Permit # B19001322

|                     |           |              |            |
|---------------------|-----------|--------------|------------|
| Height Above Grade: | Cap Type: | Casing:      | Conduits:  |
| <u>724'</u>         | <u>2P</u> | <u>Steel</u> | <u>PVC</u> |

Requested Testing: (Please Circle All That Apply)

|  |  |          |  |             |                |
|--|--|----------|--|-------------|----------------|
| FHA/VA (Potability +Nitrites, Lead and Iron) |  |          | Potability (Bacteria, Nitrates, pH, Turbidity) |             |                |
| Arsenic                                      | Bacteria <input checked="" type="checkbox"/> | Cadmium  | Chlorides                                      | Gross Alpha | Iron           |
| Lead   | MTBE   | Nitrates | Nitrites                                       | Pesticides  | Radium 226/228 |
| Total Hardness                               | VOC's  | Other:   | Other:   | Other:      | Other:         |

|   |   |
|---|---|
| Source:<br><input checked="" type="checkbox"/> Bacteria Sample Collected RAW No Treatment from first floor Bathroom Sink. All Other Samples collected RAW No Treatment from the Kitchen Sink. | Water Conditioning:<br><input checked="" type="checkbox"/> None / All Samples collected RAW from a tap<br>NOTE: The Property does not have Water Treatment. All Samples collected from a tap with No Water Treatment "RAW". |
|---|---|

## Release Signatures

\* Please return COC with the Lab Results

Released By: [Signature]  
Janet Walker

Date/Time: 10/15/19 12:30

Released By: [Signature]

Date/Time: 10/16/19 14:45

Released By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received in lab by: [Signature]

Date/Time: 10/16 2:45pm