

C1 42324 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 16
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

ST/CO USE ONLY
 DATE Received MM DD YY
 08 22 16
 DATE WELL COMPLETED MM DD YY
 5 6 16

Depth of Well 22 500 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 OK 6/24/16 SC HO 15-0222

OWNER Mildenburg, Boender & Associates
 WELL SITE ADDRESS Greenberry Lane TOWN Clarksville
 SUBDIVISION Greenberry SECTION _____ LOT 27

WELL LOG
 Not required for driven wells

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Dark Sand	0	59	
Gray Schist	59	240	
White	240	241	✓
Gray Schist	241	421	
White	421	422	✓
Gray Schist	422	500	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 37 NO. OF POUNDS 3478
 GALLONS OF WATER 222
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 77 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 08 80

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

LIC. NO. D

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

C 2 DEPTH (nearest ft.)

1 2 HO 80 500
 E 1 8 9 11 15 17 21
 A 2 23 24 26 30 32 36
 H 3 38 39 41 45 47 51
 S
 C 3
 R
 E
 N SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 from _____ to _____

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

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

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 2.1
 METHOD USED TO MEASURE PUMPING RATE 1992
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 26 ft.
 WHEN PUMPING 149 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES 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 } 02 (nearest foot)

LATITUDE 39.2330894
 LONGITUDE 76.9730148
 (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. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 39417

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 558015-A

STATE PERMIT NUMBER

HO - 15 - 0222 fill in this form completely

Date Received (APA) 03/02/16

OWNER INFORMATION

Mildenberg, Brender & Associates 1350-B Grace Dr Columbia Md 21044

B 3

LOCATION OF WELL

Howard Greenberry Clarksville

DRILLER INFORMATION

Allen Compton M SD 009 Fokes Well Drilling, LLC P.O. Box 202 Woodbine, Md 21797

B 4

SOURCES OF DRILLING WATER

1. Well water

Greenberry Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 9 PARCEL 48

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A55327-A 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/9/16 CO SIGNATURE 3/9/17 EXP. DATE

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 Open Loop Geothermal Closed Loop Geothermal

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY (circled) JETTED Jetted & DRIVEN AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED 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 deepen an existing well

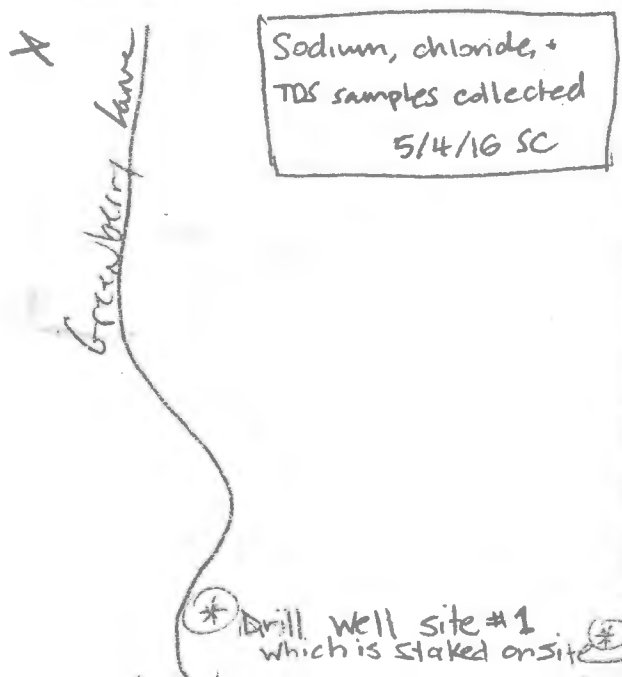
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G PERMIT No. HO - 15 - 0222

SPECIAL CONDITIONS

sample water for sodium, chloride & total dissolved solids at the yield test and steel casing is required to a minimum depth of 50ft or 10ft into competent bedrock, whichever is deeper.



FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-15-0222Location of Property: Greenberry Lane Clarksville, MdSubdivision: Greenberry Lot #: 27Well Driller: Fogles Allen Compton Owner: Mildenberg, Boender & AssociatesDepth of Well: 500'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 26'

High rate pumping –reservoir Drawdown

Time pump started: 9:00 Pumping rate: 8.5 GPMTotal time 75 MINS to reach pumping water level 144 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	26'	7 Seconds		8.5 gpm
9:15	47'	8 Seconds		7.5 gpm
9:30	68'	8		7.5 gpm
9:45	84'	11 Seconds		5.5 gpm
10:00	97.5	33 Seconds		1.8 gpm
10:15	144'	28 Seconds		2.1 gpm
10:30	144'	28		2.1 gpm
10:45	144'	28		2.1 gpm
11:00	144'	28 Seconds		2.1 gpm
11:15	144'	28		2.1 gpm
11:30	144'	28		2.1 gpm
11:45	144'	28		2.1 gpm
12:00	144'	28		2.1 gpm
12:15	144'	28		2.1 gpm
12:30	144'	28		2.1 gpm
12:45	144'	28		2.1 gpm
1:00	144'	28		2.1 gpm
1:15	144'	28		2.1 gpm
1:30	144'	28		2.1 gpm
1:45	144'	28		2.1 gpm
2:00	144'	28		2.1 gpm
2:15	144'	28		2.1 gpm
2:30	144'	28		2.1 gpm
2:45	144'	28		2.1 gpm
3:00	144'	28		2.1 gpm
3:15	144'	28		2.1 gpm
3:30	144'	28		2.1 gpm
3:45	144'	28		2.1 gpm
4:00	144'	28		2.1 gpm
4:15	144'	28		2.1 gpm

**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, Inc Telephone #: 301-698-1028
Address: PO Box 3596
Frederick, Md 21701

(Must circle one) **Licensed Plumber** Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): James B. Madden License# 18121

***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: Anvi & Marut Gadoni Telephone #: 301-529-9873
Subdivision: Greenberry Lot #: 28 Well Tag #: HO - 15 - 0222 ✓
Site Address: 13035 Greenberry Lane
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>5GS15</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity ⁵ _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>500</u> (feet)		Conduit secured to well cap: <u>Y</u>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>Y</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>Y</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.

Cathy J Little 02/24/2023
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/22/23 Date Insp. Approved: 2/27/23 Inspector: 50
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 ✓

Grading 2/23

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

INTERIM CERTIFICATE OF POTABILITY
[PERMANENT DEVIATION FOR NITRATES]

Expiration Date – *MARCH 22, 2024*

September 22, 2023

Homeowner
13035 Greenberry Lane
Clarksville, MD 21029

RE: Greenberry, Sec. II, Lot 27
13035 Greenberry Ln
Building Permit: B22004574
Well Permit: HO-15-0222

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 **4/10/2023**. Final approval of the well line connection to the dwelling was granted on **3/27/2023**. The well construction was completed on **5/16/2016**. Water samples were collected on **9/5/2023, 9/8/2023, 9/13/2023**.

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.

The untreated water sample collected on **9/5/2023** indicated a nitrate level of **10.5 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/13/2023** and indicated a nitrate level of **ND mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

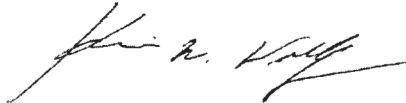
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0222. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 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](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

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

Atlantic Blue
Ned V. Allan
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 9/19/2023
Report #: AB2309-06

Submitted Sample Address: 13035 Greenberry Lane
Clarksville, MD 21029
Submitted Sample Source: Reverse Osmosis System
Date / Time Collected: 9/13/2023 03:30 PM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent, Clear when drawn, pH: 5.5
Sampler/Company: Ned V Allan 1560EU, Atlantic Blue
Well Tag#: HO-15-0222

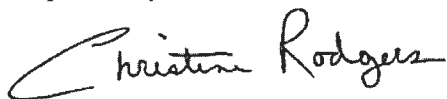
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Nitrate + Nitrite as N	ND	mg/L	0.5	10	EPA Primary MCL

Notes:

- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Laboratory Manager, Microbiology

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 161218 Account #: 1045
Reference: Caruso Homes Client: Atlantic Blue Water Services
Location: 13035 Greenberry Lane Requested By: Mark Mather
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 9/5/2023 1232 Site: Well Tank
Date/Time Rec'd: 9/5/2023 1352 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: B. Smith 1951BS Well #: HO-15-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/6/2023 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/6/2023 / 1000 / BCD
Nitrate.	10.5	mg/L (as N)	10	EPA 300.0	9/5/2023 / 1700 / BCD
Turbidity	0.97	NTU	<10	SM2130B	9/5/2023 / 1430 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	9/5/2023 / 1430 / BCD
Chloride.	11.9	mg/L	250*	EPA 300.0	9/5/2023 / 1700 / BCD
Solids, Total Dissolved (by electrode)	84.8	mg/L	500*	Electrode	9/8/2023 / 1340 / CRS
Iron	0.53	mg/L	0.3*	Hach 8146	9/5/2023 / 1415 / BCD

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 9 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B22004574

Date Reported: 9/8/2023



Water Testing Labs of Maryland

1000 Butterworth Ct.
Thompson Creek Business Park
Stevensville, MD 21666
(410) 643-7711
sales@wtlmd.com

Atlantic Blue
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 8/11/2023
Report #: AB2309-04

Submitted Sample Address: 13035 Greenberry Lane
Clarksville, MD 21079
Submitted Sample Source: Well Tank
Date / Time Collected: 9/8/2023 08:42 AM
Sample Type: Drinking Water
Field Record: Chlorine residual: not given, Clear when drawn , pH: 5.5
Sampler/Company: Brianna Smith 1951BS, Atlantic Blue
Well Tag#: HO-15-0222

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL

Notes:

- Bacteriological analysis of this sample indicates this water is for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5).
- MCL Type –
 - EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
 - EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
 - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:

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

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


E16004187001
 Received: 05/05/2016
 Metals HO-15-0221

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Digest

Sample ID No: HO-15-0221 Site Name: Greenberry - lot 27 County: Howard

Sample Source: Greenberry Lane Darbyton Collector: S. Collins
Street Town or City Name

Date Collected: 5/4/2016 Time Collected: 11:30 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 taken during yield test.

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

Lab Supervisor: _____

Date Reported: ___/___/___

•Phone: (443) 681-3857

•Fax: (443) 681-4507



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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: E16004187 Date Coll.: 05/04/2016 Date Received 05/05/2016 Submitted By: Collins

Field ID: HO-15-0221
Lab No.: E16004187001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.18	ppm	05/24/2016

Comments:

Approved by: Yinghao Chao

Approval date: 05/25/2016

**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
DHMH-Laboratories Administration
Division of Environmental Chemistry
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 NoE16004194 Date Coll. 05/04/2016 Date Received 05/05/2016 Submitted By:S. Collins

Field ID: HO-15-0222
Lab No.: E16004194001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	05/09/2016
Total Dissolved Solids	SM 2540C	72	mg/L	05/06/2016

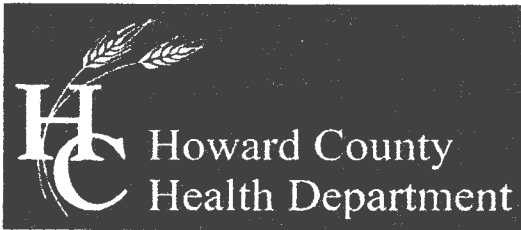
Comments:

Approved by:

Approval date: 05/10/2016

*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.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Greenberry 27 Greenberry Lane
Subdivision/Property Name Lot # Road Name

The well site has been staked by Mildenberg, Bender & Associates
(professional land surveyor or company employing professional land surveyors)
on 2-27-16 (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.

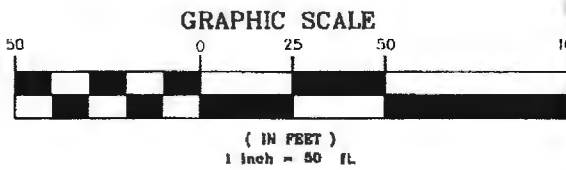
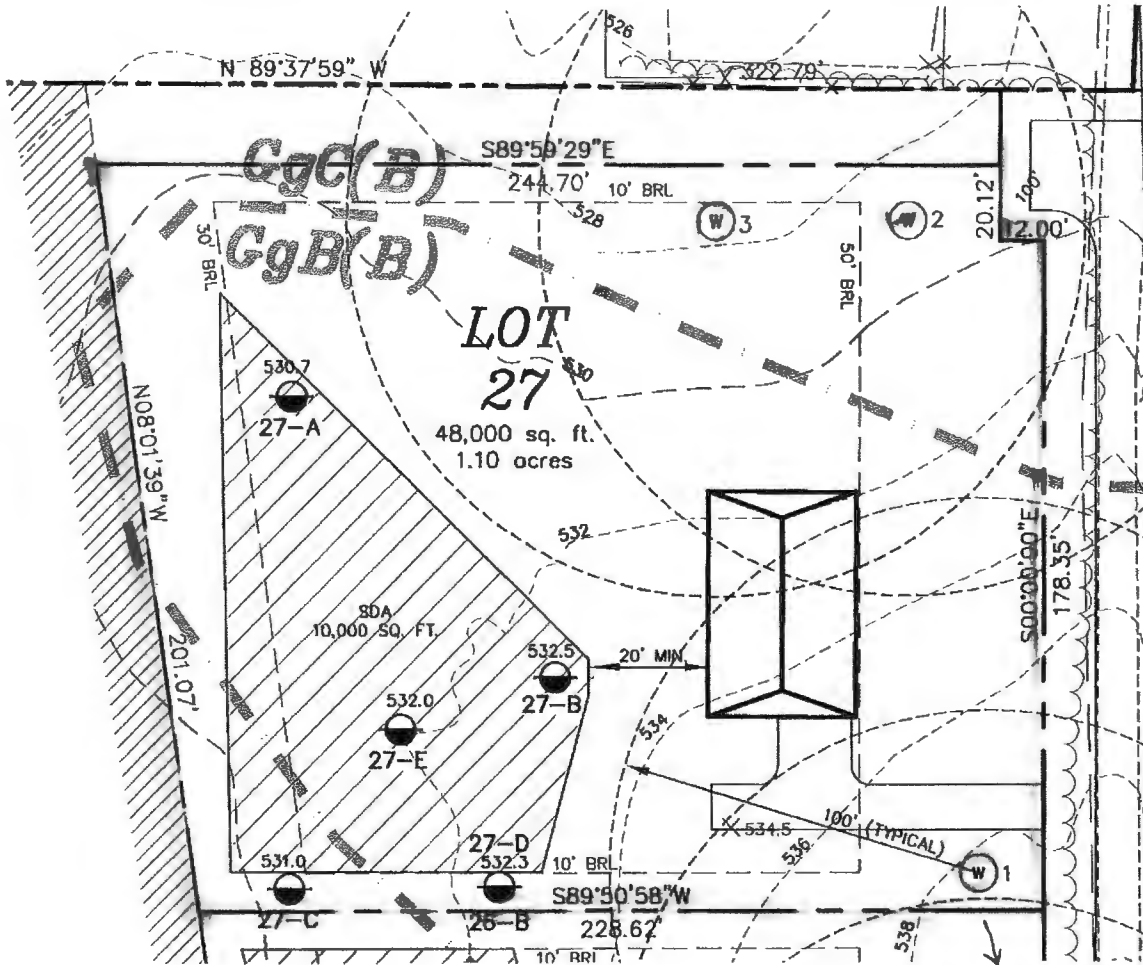
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

1 2 3
 (W) (W) (W)

PROPOSED WELL
 ALTERNATIVE
 LOCATIONS



PROPOSED
 SEWAGE
 DISPOSAL AREA



*Well sites ok
 #2 3/19/16
 Drill well site
 #1 first
 only well staked
 on site*

P: \2004\15-008\DWG\perc plat

GREENBERRY
 WELL EXHIBIT - LOT 27

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DRAWN BY: MMM DATE: FEB. 2016 PN: 15-008

**MILDENBERG
 BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
 7350-B Grace Drive, Columbia, Maryland 21044
 (410) 997-0296 Bull. (410) 997-0298 Fax.