

C1 40800 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COSS. 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 XIII

ST/CO USE ONLY
 DATE RECEIVED
 MM 02 PD 31

DATE WELL COMPLETED 05 23 18
 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0275

OWNER Elm Street Development
 WELL SITE ADDRESS Howard Lodge Drive TOWN Skykesville
 SUBDIVISION Walker Meadows SECTION LOT 29

WELL LOG
 Not required for driven wells

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	5	
Brown Shale	5	45	
Tan Shale	45	60	
Hard Gray Rock	60	300	✓
		177	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) GROUT
 CEMENT BENTONITE CLAY
 NO. OF BAGS 30 NO. OF POUNDS 2250
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

CASING RECORD
 casing types insert appropriate code below
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 62

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

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 W 355
 DRILLERS SIGNATURE
 LIC. NO. WRB 109

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

DEPTH (nearest ft.)
 HO 62 300
 A 8 9 11 15 17 21
 C 23 24 26 30 32 36
 S 38 39 41 45 47 51
 R E
 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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12.0
 METHOD USED TO MEASURE PUMPING RATE Water Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 21 ft.
 WHEN PUMPING 65 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 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 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 } 1 (nearest foot)

LATITUDE 39.34098
 LONGITUDE 76.93670
 (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 SEQUENCE NO. (MDE USE ONLY) **54209** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **562439-H** please type STATE PERMIT NUMBER **HO-17-0275**
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (ARA) **02/14/18**
 8 MM DD YY 13
 15 Last Name Owner First Name 34
Elm Street Development
 36 Street or RFD 55
6820 Elm St Suite 200
McLean, VA 22101
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Walker Station
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
29
Sykesville
 52 NEAREST TOWN 71

DRILLER INFORMATION
 Driller's Name **Michael Barton** M 76 License No. **355** D 81
 Firm Name **Barton Well Drilling**
 Address **522 Underwood Ln, 21014**
 Signature **[Signature]** Date **2/12/18**

B 4 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
Howard Lodge Drive
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 100 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **9** BLK: **6** PARCEL **66**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **13** COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **3/16/18** CO SIGNATURE **[Signature]** EXP. DATE **3/16/19**
 43 MM DD YY 48
 DNI
 DW: 4/17/2018 DOG: 4/17/18 DOY: 5/23/18

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTARY Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **HO 2016G004**
 PERMIT No. **HO-17-0275**
 70 71 72 73 74 75 76 77 78 79

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

4/12/2018
 ~90' Deep
 ~45' bedrock
 H₂O @ 55-60'
 H₂O @ 70'
 5/123
 - started pumping @ 10:30 am
 - 22' static
 - 60' meas. pt.
 - 12 gpm
 - collected Na, Cl, TDS samples @ 1 pm

15' ↑ PROP LINES
 10' ↓

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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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410-795-5676
Address: 540 Obrecht Rd
Springville, MD 21784

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

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

Name (Print): David C Fogle License# MSD226

*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: NVR Inc Telephone #: _____
Subdivision: Walker Meadows Lot #: 29 Well Tag #: HO-17-0275
Site Address: 12229 Manapple Dr
Springville, MD 21784

Submersible Pump Data

Make: Goulds
Model #: 11505422
Pump Capacity: 7
Well Yield: 12

Pitless Adapter

Make: Complete II+
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 300 (feet)

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 NA

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
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: [Signature] date: 3/4/2021

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

Date Insp. Requested: 3/4/21 Date Insp. Approved: 4/20/21 Inspector: RR
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 ✓

(well cap hose + one bolt missing) RR 3/4/21

(Revised form 10/24/2018)



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	May 23, 2018
Well Depth:	300 feet
Customer: Elm Street Development	Permit #: HO-17-0275
Road: Howard Lodge Drive	Subdivision: Walker Meadows
City: Sykesville	Section: _____
State: Maryland	Lot #: 29

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	21	4	15.00
10:45 AM	60	4	15.00
11:00 AM	65	5	12.00
11:15 AM	65	5	12.00
11:30 AM	65	5	12.00
11:45 AM	65	5	12.00
12:00 PM	65	5	12.00
12:15 PM	65	5	12.00
12:30 PM	65	5	12.00
12:45 PM	65	5	12.00
1:00 PM	65	5	12.00
1:15 PM	65	5	12.00
1:30 PM	65	5	12.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 21, 2021

April 21, 2021

Homeowner
12229 Mayapple Drive
West Friendship, MD 21794

RE: Walker Meadows, Lot 26
12229 Mayapple Drive
Building Permit: B20004137
Well Permit: HO-17-0275

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 **4/6/2021**. Final approval of the well line connection to the dwelling was granted on **4/20/2021**. The well construction was completed on **5/23/2018**. Water samples were collected on **4/14/2021**.

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-17-0275. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

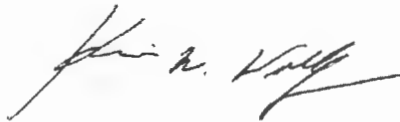
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143871 Account #: 1933
Reference: Walker Meadows Lot 29 Company: Fogle's Well Pump & Treatment
Location: 12229 Mayapple Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 4/14/2021 1410 Site: Pressure Tank
Date/Time Rec'd: 4/14/2021 1447 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: B. Wilkerson 9315BW Well #: HO-17-0275

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/15/2021 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/15/2021 / 1030 / CCH
Nitrate	2.87	mg/L	10	601	4/15/2021 / 1000 / CRS
Turbidity	5.07	NTU	<10	SM20 2130B	4/15/2021 / 1050 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	4/15/2021 / 0955 / CRS

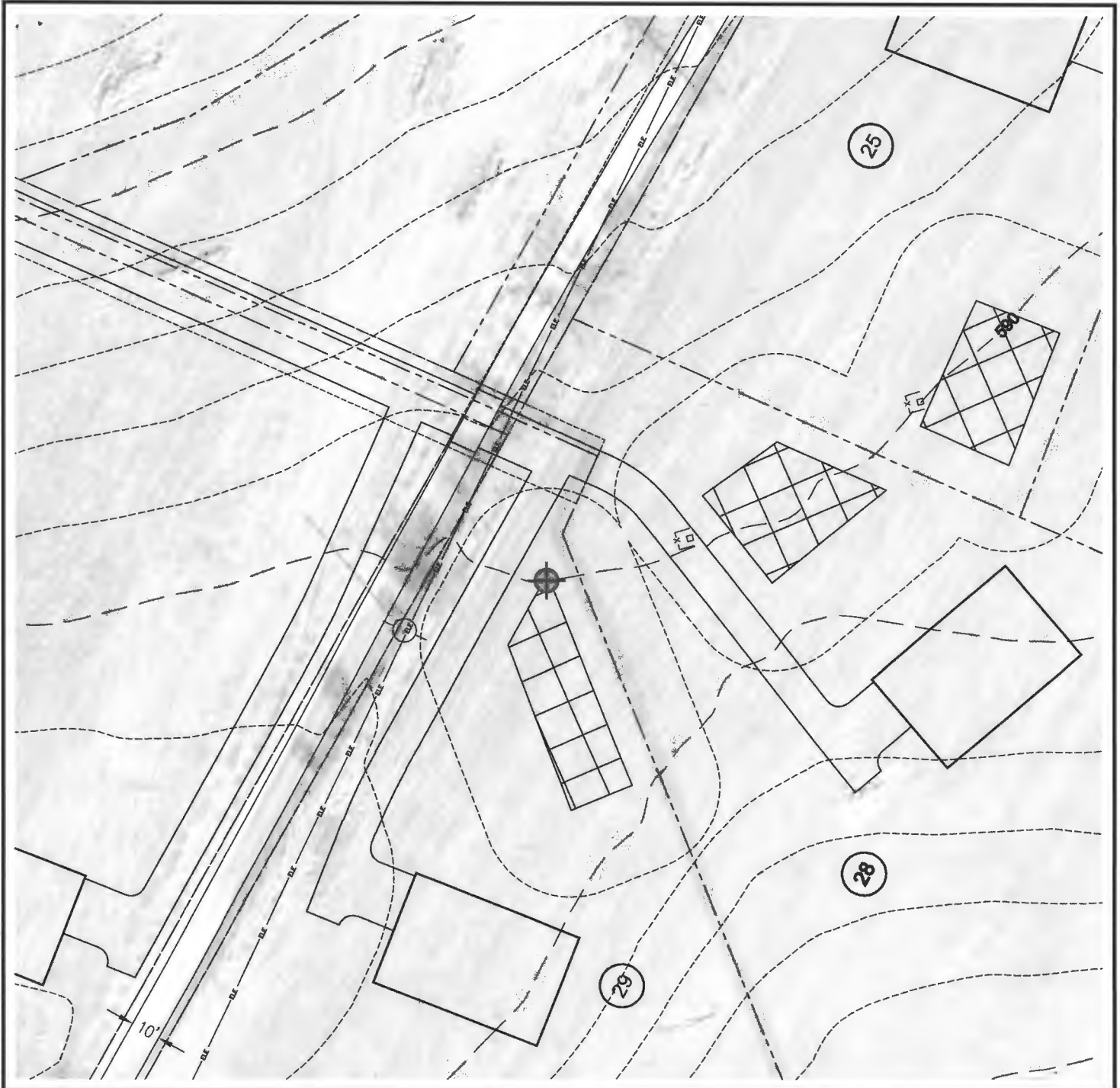
NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

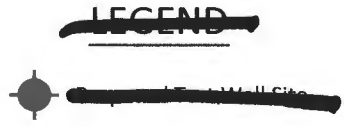
Reason for Test : Use & Occupancy

Building Permit # : B20004137

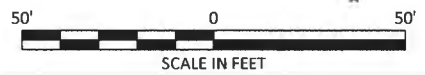
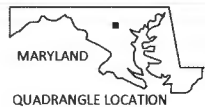
Date Reported: 4/15/2021



H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



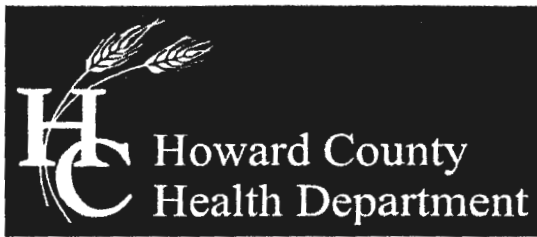
well box ok
3/16/18 RL



NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

Elm Street Development		
project location: Sykesville, Howard County, Maryland		
 www.hydro-terra.com	project:	Water Supply Development
		Lot #29 Proposed Test Well Location Map
	file no.:	ESD-WM-Report Set.dwg
	drawn:	M. Swam date: 02/09/18
	checked:	J. Lindaw date: 02/09/18
approved:	M. Hanfler date: 02/09/18	
		Figure: 1



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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:

<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLACE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32, 34, BPP'A'</u>	<u>MAYAPPLE DRIVE</u>

The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS (professional land surveyor or company employing professional land surveyors) on 2-09-2018 (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.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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:	<u>9</u>	<u>HIGH STEPPER TRAIL</u>
	<u>15-21</u>	<u>STEPPING PLACE</u>
<u>WALKER MEADOWS</u>	<u>22-34, BPPA'</u>	<u>MAPLE TRAIL</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS (professional land surveyor or company employing professional land surveyors) on 3/28/2018 (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.

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

June 19, 2018

Elm Street Development
1355 Beverly Road
Suite 240
McClellan, VA 22101

Re: Water sample results for Walker Meadows, Lot 29

Dear Elm Street Development,

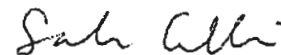
The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on this lot.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 7.15 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured 10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 106 mg/L.**

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

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

Send Report To: Bert Nixon

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

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

Lab No. Date Received



E18004258001

Received: 05/25/2018

Metals

HO-17-0275

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-17-0275 Site Name: Walker Meadows - Lot 29 County: Howard

Sample Source: Howard Lodge Dr Sykesville Collector: S. Collins
Street Town or City Name

Date Collected: 5/23/2018 Time Collected: 1 a.m. / (p.m.) Phone #: _____

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: <2, SHS, 5/25/18

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F 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: field test

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

The Lab Supervisor: _____ Date Reported: _____

Phone: (443) 681-4596

Fax: (443) 681-4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18004258 Date Coll.: 05/23/2018 Date Received: 05/25/2018 Submitted By: Collins

Field ID: HO-17-0275
Lab No.: E18004258001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.15	ppm	05/29/2018

Comments:

Approved by: Timothy Choi

Approval date: 05/31/2018

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18004257 Date Coll. 05/23/2018 Date Received 05/25/2018 Submitted By: S. Collins

Field ID: HO-17-0275
Lab No.: E18004257001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	10	mg/L	06/01/2018
Total Dissolved Solids	SM 2540C	106	mg/L	05/25/2018

Comments:

Approved by: _____

Shahin Aneli

Approval date: 06/11/2018

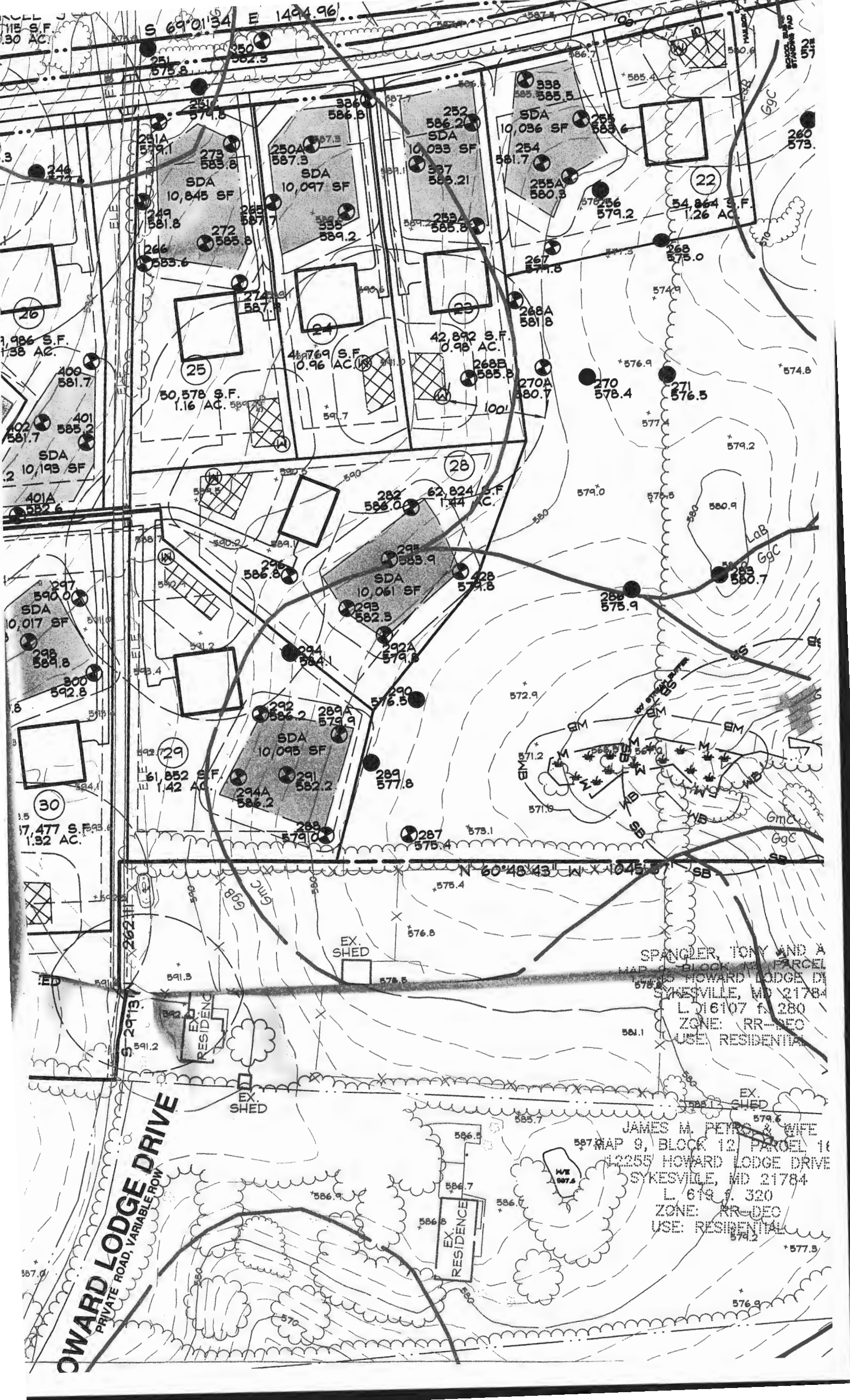
*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

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.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt



115 S.F.
30 AC.

S 69°01'34" E 1494.96'

1,986 S.F.
0.38 AC.

2,109 S.F.
0.48 AC.

10,017 S.F.

17,477 S.F.
0.32 AC.

SDA
10,845 SF

SDA
10,097 SF

SDA
10,033 SF

SDA
10,036 SF

48,769 S.F.
0.96 AC.

42,892 S.F.
0.95 AC.

62,824 S.F.
1.44 AC.

SDA
10,061 SF

SDA
10,095 SF

61,852 S.F.
1.42 AC.

SPANGLER, TONY AND A
BROTHERS PARCEL
MAP 9, BLOCK 12, PARCEL 10
12255 HOWARD LODGE DRIVE
SYKESVILLE, MD 21784
L 016107 n 280
ZONE: RR-DEC
USE: RESIDENTIAL

JAMES M. PETRO & WIFE
MAP 9, BLOCK 12, PARCEL 10
12255 HOWARD LODGE DRIVE
SYKESVILLE, MD 21784
L 6197.320
ZONE: RR-DEC
USE: RESIDENTIAL

HOWARD LODGE DRIVE
PRIVATE ROAD, VARIABLE ROW

EX. RESIDENCE

EX. SHED

EX. RESIDENCE

EX. SHED