

C1- 3380

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: ZIRKLE, JANICE; STREET OR RFD: 1605 SHAFFERSVILLE ROAD; TOWN: MTAIRY; SUBDIVISION: ZIRKLE PROPERTY; 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, FEET (FROM, TO), check if water bearing. Rows: Top Soil (0-2), Brown Slate (2-50), Grey Slate (50-300)

GRROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY); NO. OF BAGS (18); NO. OF POUNDS (1800); GALLONS OF WATER (108); DEPTH OF GROUT SEAL (58 ft.)

CASING RECORD

MAIN CASING TYPE (ST); Nominal diameter top (main) casing (6); Total depth of main casing (60)

OTHER CASING (if used) diameter and depth

SCREEN RECORD

screen type or open hole (ST); insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

- CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M W D 040; DRILLERS SIGNATURE: Renee F. Chastanay

LIC. NO. 1 A W D 788

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

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N; Rows: 1 (8-11, 15-17, 21); 2 (23-24, 26, 30-32, 36); 3 (38-39, 41, 45-47, 51); SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (56, 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 17; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft., WHEN PUMPING 206 ft.; TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (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, - below; LAND SURFACE (nearest foot) 2

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)

See plat

B 1
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1838

531971 please type

70 fill in this form completely 79

Date Received (APA) 11/21/09

OWNER INFORMATION

8 MM DD YY 13

ZIRKLE

JANICE

15 Last Name Owner First Name 34

1605 SHAFFERSVILLE ROAD

36 Street or RFD 55

MT. AIRY MD 21771

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 10/22/2009

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)

8 500 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20

B 3

LOCATION OF WELL

Howard

8 COUNTY

Zirkle Property - 1605 Shaffersville

23 SUBDIVISION

SECTION 44 46 LOT 2 48 50

Mt Airy

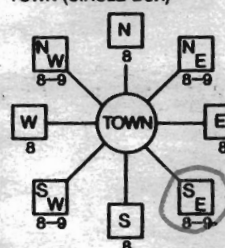
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I

73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Shaffersville Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 500 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 6 BLK: 18 PARCEL 259

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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A45058

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 11/4/2009 Brian Baker 11/4/2010

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 545 000 EAST GRID 763 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 8 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR 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

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-95-1838

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

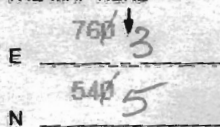
Use Stainless Steel Tag Bar

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

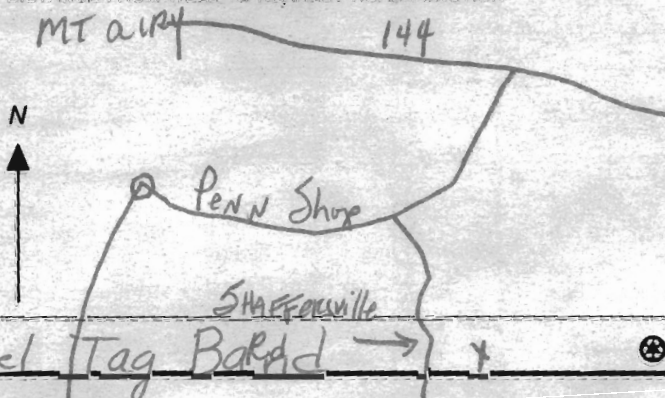
SOURCES OF DRILLING WATER

- 1.
- 2. wells
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 2 G 12



B 1 9518

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Birtle, Janice
36 1605 Shaffersville Rd
57 Mt Airy, md 21771

B 3 LOCATION OF WELL

8 COUNTY Howard
23 SUBDIVISION ZIRKIE
SECTION 1 LOT 2
52 NEAREST TOWN Mt Airy
MILES FROM TOWN (enter 0 if in town) 4

DRILLER INFORMATION

Allen Compton M S D 009
Fogles Well Drilling, LLC
6003 Woodbine Rd
Allen Compton 10-6-09

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 100 FT
TAX MAP 136

WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO.
STATE SIGNATURE
DATE ISSUED
CO SIGNATURE
NORTH GRID 000 EAST GRID 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 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 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 (AVAILABLE) 41

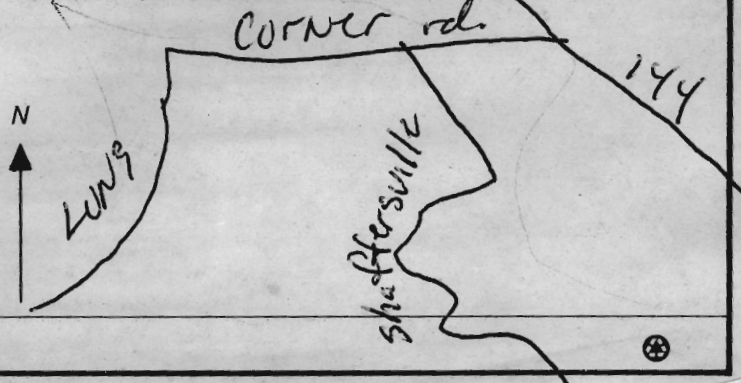
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 765
N 549

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)

PROP. PERMIT NUMBER G
PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 26.04.02 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Castaway Plumbing Telephone #: 240-674-5152
Address: 9210 Reichsford Rd
Frederick, Md. 21704

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Scott Graczkowski License# 22009

*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: Janice Zirkle Telephone #: 240-674-5152
Subdivision: _____ Lot #: _____ Well Tag #: FO-95-1838
Site Address: 11005 Shaffersville Rd
Mt Airy, Md 21771

Submersible Pump Data
Make: Franklin Electric
Model #: ZSPD254-ZW230
Pump Capacity: 7 GPM
Well Yield: 17 GPM

Pitless Adapter
Make: Camdell
Model #: PAS0055
Depth: 60' (35" min)
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.C. 18"
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 30 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4
Torque arrestors, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house
Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 60 (36" min)

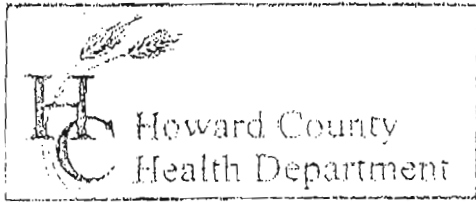
House Connection
PVC sleeve to undisturbed soil at wall penetration: 10'
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES

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: 10/5/12

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

Date Insp. Requested: 10/5/12 Date Insp. Approved: 10/5/12 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 seen 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 ground observed below pitless adapter ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (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

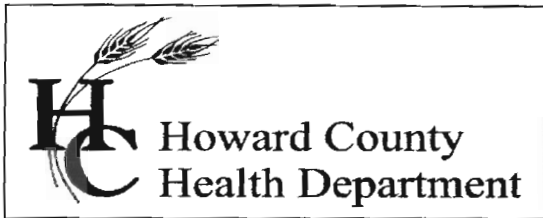
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by VAN MAR,
 (professional land surveyor or company employing professional land surveyors)
 on 10-26-2009 (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 6/10/03

ZIRKLE
 SHAFERSVILLE Rd



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – NOVEMBER 17, 2013

5/17/2013

Homeowner
1605 Shafferville Road
Mount Airy, MD 21771

RE: Kirkle Subdivision, Lot 2
1605 Shafferville Road
Building Permit: B12000647
Well Permit: HO-95-1838

Dear Homeowner:

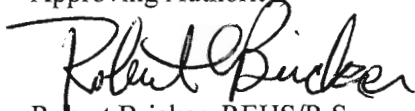
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/2/2013**. Final approval of the well line connection to the dwelling was granted on **10/5/2012**. The well construction was completed on **11/23/2009**. Water samples were collected on **1/24/2013, 3/13/2013, 4/4/2013, and 5/15/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1838. 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>

Approving Authority

A handwritten signature in black ink that reads "Robert Bricker". The signature is written in a cursive style with a large, prominent initial "R".

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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



CATOCTIN LABS, INC.

8600 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
PHONE 301 271 9060
FAX 301 271 9060

FIELD RECORD

Customer: Janice Zirkle
1605 Shaffersville Road
Mount Airy, MD 21771

Date: May 21, 2013
Time: 15:00
Type:4

County: Frederick
Source: Bathroom Sink L
Well No: HO 95-1838
Bottle No: 4MPN

Residual Cl: 0.00
Iced: Yes
pH: 8.6
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: Follow-up Testing
Treatment: Raw
Collector: Scott Haines

State Certification No: 1997SH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 15:45 5/21/2013 Examined: 15:45 05/21, 05/22

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst *N. W. Haines* Date: May 22, 2013

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

ok
9w
5/23/13



CATOCTIN LABS, INC.

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Janice Zirkle
1605 Shaffersville Road
Mount Airy, MD 21771

Date: May 15, 2013

Time: 09:09

Type:4

County: Frederick

Source: Bathroom Sink L

Well No: HO 95-1838

Bottle No: 2MPN

Reason For Sample: Follow-up Testing

Treatment: Raw

Collector: Scott Haines

Residual Cl: 0.00

Iced: Yes

pH: 9.0

EPA acceptable range for pH is 6.5 - 8.5

State Certification No: 1997SH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 10:30 5/15/2013

Examined: 10:30 05/15, 05/16

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst *N. Allen Haines*

Date: May 16, 2013

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

*Bacteriology 'OK'
reb 5/17/13*



CATOCTIN LABS, INC.

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Janice Zirkle
1605 Shaffersville Road
Mount Airy, MD 21771

Date: April 04, 2013
Time: 17:05
Type:4

County: Frederick
Source: Hall Full Bathroom Sink - R
Well No: HO 95-1838
Bottle No: 6MPN

Residual Cl: 0.00
Iced: Yes
pH: 8.3
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability
Treatment: Raw
Collector: Scott Haines

State Certification No: 1997SH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 18:20 4/4/2013

Examined: 18:20 04/04, 04/05

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	27.9 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml

Bacteriological analysis of this sample, on this specified date, indicates the water is for human consumption, according to APHA/EPA Standards.

UNSAFE

Analyst Scott Haines

Date: April 05, 2013

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

*Total Coliform Fail.
E-coli 'ok'
RB
5/17/13*



CATOCTIN LABS, INC.
8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Janice Zirkle
1605 Shaffersville Road
Mount Airy, MD 21771

Date: March 13, 2013
Time: 13:15
Type:4

County: Frederick
Source: Half Bath Sink
Well No: HO 95-1838
Bottle No: 7MPN

Residual Cl: 0.00
Iced: Yes
pH: 8.2
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability
Treatment: Raw
Collector: Robin Haines

State Certification No: 9639RH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 14:20 3/13/2013 Examined: 14:20 03/13, 03/14

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	2.0 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml

Bacteriological analysis of this sample, on this specified date, indicates the water is for human consumption, according to APHA/EPA Standards.

UNSAFE

Analyst: Robin Haines Date: March 14, 2013

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 166520T

*Total Coliform Fails
E. coli 'OK'
reb 5/17/13*



CATOCTIN LABS, INC.

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Janice Zirkle
1605 Shaffersville Road
Mount Airy, MD 21771

Date: January 24, 2013
Time: 16:20
Type: 4

County: Frederick

Residual Cl: 0.00

Source: Half Bathroom

Iced: Yes

Well No: HO 95-1838

pH: 9.0

Bottle No: 4MPN

EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Scott Haines

State Certification No: 1997SH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 18:30 1/24/2013

Examined: 18:30 01/24, 01/25

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	204.6 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
Nitrate	EPA 353.2	10.0 mg/L Maximum	<0.1 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.)	1 NTU

Bacteriological analysis of this sample, on this specified date, indicates the water is **UNSAFE** for human consumption, according to APHA/EPA Standards.

Analyst Denise Shriver

Date: January 25, 2013

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

*Total Coliform Fail
Others 'OK'
res 5/17/13*