

C1 2592 SEQUENCE NO. (OEP 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 A 34939

DATE RECEIVED

DATE WELL COMPLETED 07/08/86

DEPTH OF WELL 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1596

OWNER BARNARD CONSTRUCTION last name BARNARD'S WAY first name TOWN WEST FRIENDSHIP SUBDIVISION MATHIS PROPERTY SECTION LOT 8

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandstone, and Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS, NO. OF POUNDS.

GALLONS OF WATER, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 27 ft.

CASING RECORD: casing types insert appropriate code below. Includes codes for STEEL, CONCRETE, PLASTIC, OTHER.

MAIN CASING: Nominal diameter, Total depth, CASING TYPE. Includes codes for PL, G, and 29.

OTHER CASING (if used): diameter, depth (feet).

SCREEN RECORD: screen type or open hole, insert appropriate code below. Includes codes for STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER.

DEPTH (nearest ft.) table with columns for depth ranges (8-9, 11-15, 17-21, etc.) and rows for casing sections (1, 2, 3).

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 235. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION).

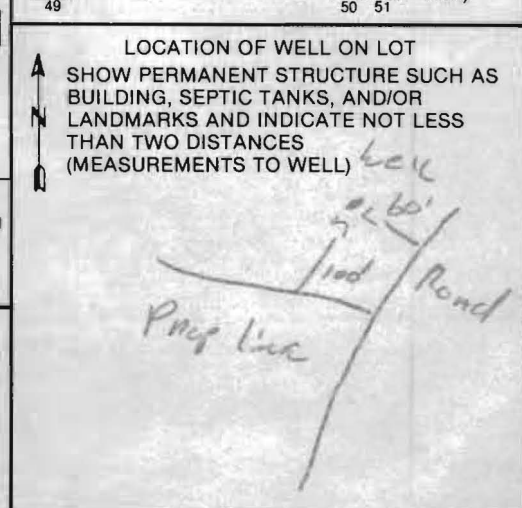
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH). GRAVEL PACK. IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER). T (E.R.O.S.), WQ. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 6, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 40, WHEN PUMPING 20.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO. TYPE OF PUMP INSTALLED. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot).



B 1 1741 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

70 - - - - - 79 fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name 77 License No. 80

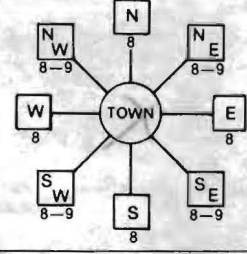
Firm Name

Address

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD 37

ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED CO SIGNATURE EXP. DATE

NORTH GRID 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

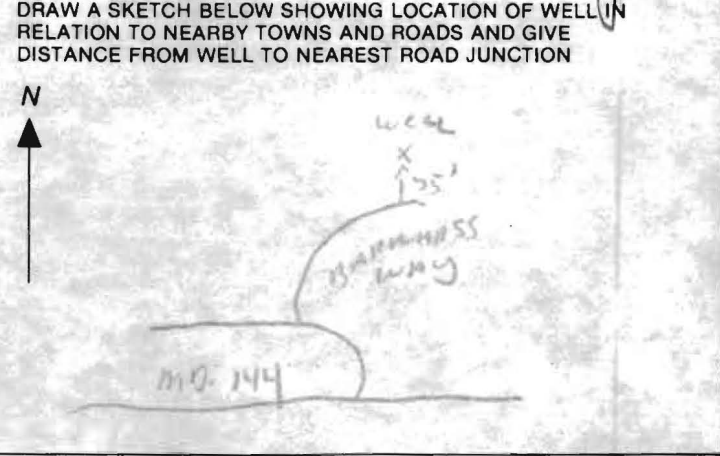
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 810
N 530
Location on plat
29' casing
1' above gr.
27' open
9' bag cement
7/10/86
Not present when
grouted



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 9799 Name: BARNARD CORST County: HOWARD

Source of Sample: MATHIS PROP. LOT 8 Street: _____ Town or City: _____ Collector: STOVER

Sample Type (Circle): Community Source Non-Community Distribution **Private MCL** Emergency Recheck Routine

Remarks: HO. 81-1546

County: 13 Plant No.: Sampling Station: Date Collected: 071086 Time: 115^A Acid: Iced:

Field Data: pH*: Chlorine Residual: Free: Total: Specific Conductance:

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>3.2</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received: _____ Date Reported: _____ Chemist: _____ Lab No. 00636

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525 H Elliffitt Hills Drive
 Court House Square
 Elliffitt City, Md. 21043
 441-9933

New Installation Replacement
 Name of Installer J. Joseph @ [unclear]
 License number 1713
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner [unclear]
 Subdivision [unclear] Lot # B Well tag # [unclear]
 Site Address 15450 [unclear] Way
 Telephone 877-2400
 Receipt # 58760
 Date 2/19/87

Pump
 1. Type [unclear]
 a. Deep well jet
 b. Shallow well jet
 c. Submersible
 2. Make Goulds
 3. Model # 222412
 4. Capacity 2 GPM
 5. Pump exceeds well capacity Yes No
 6. If Yes, is low pressure cutoff switch installed? Yes No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other
 Tank
 1. Capacity 42
 2. Pressure relief valves? Yes
 3. NSF and/or BOCB
 4. Code approved USE
 5. Depth of supply line 20'
 6. Piping Type PVC
 7. Well data
 1. Depth 240 ft.
 2. Yield 2 GPM
 3. Static water level ft.
 4. Will water supply be disconnected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant [Signature]
 Date 2/19/87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

INVOICE NO. 489 7621
 W 26547

CERTIFICATE OF ANALYSIS
 DELMARVA LABORATORIES, INC.
 Annapolis—Salisbury—Timonium

Annapolis: (301) 269-7755
 Eastern Shore: (301) 546-1318
 Timonium: (301) 628-2855

FIELD RECORD community
 non-community
 private

Sample Source: lot 8
 12970 Barnard Way
 Whit Friendship
 Marthys Property

Date 4-2-87
 Time 1:30
 Iced yes
 no
 pH 5.5

Well No. No TAG
 This Sample Was Taken From a Tap On The
 Property By Delmarva Labs, Inc.

Free Cl 0.0
 Total Cl 0.0
 County Howard

Construction Satisfactory
 Unsatisfactory
 Not Determined

Bottle No. 26547 Collector C. Shelton 0553

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.			
Gas, 24 hours	-	-	-	-
Gas, 48 hours	-	-	-	-

Confirmed Bacteriological Test

ml. of Sample	10ml.			
Coliforms				
Fecal Coliforms				

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
2.8	None	<1					

Received: 4/2/87 4:30
 Examined: 4/2/87 4:30
 Reported: 4/4/87 4:15

Analyst WJH

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate Present
 Absent

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

2/19/87
 WPE - OK'd
 sticker attached
 (Bw)
 2/20/87
 Permit was taken out
 (Bw)

New Installation _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer GARTLAND, J.I. Telephone _____

License number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
 Subdivision BATHIS PROPERTY Lot # 7 Well tag # HO-81-1546
 Site Address 12470 BARNARD WAY

Pump Motor Pitless Adapter

- | | | |
|---|---------------------|----------------------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>≈ 5' below grade</u> |
| c. Submersible _____ | a. 110 _____ | <u>pitless on OK</u> |
| 2. Make <u>GOULD'S</u> | b. 220 _____ | <u>no ground (plastic)</u> |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No _____ | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____ | | |

- | | | |
|---|--|---|
| Tank | Piping | Well data |
| 1. Capacity _____ | 1. Type <u>black line</u> | 1. Depth _____ ft. |
| 2. Pressure relief valve? <input checked="" type="checkbox"/> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| <u>CLYTON MARK TANK</u> | 4. Depth of supply line <u>≈ 5'</u> | 4. Will water supply be disinfected by installer? _____ |
| <u>MODEL 294</u> | <u>power line</u> | |
| | <u>OK'd</u> | |

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement Receipt # 38760
Date 2/19/97
Name of Installer J. JOSEPH GATLAND INC. Telephone 875-2400
License number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner BARNARD CONSTRUCTION Telephone 489-7621
Subdivision MATHIS PROPERTY Lot # 8 Well tag # - - -
Site Address 12470 BARNARD WAY

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make HAVARD
a. Deep well jet _____ 2. RPM _____ 2. Model # P1800
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 40"
c. Submersible a. 110 _____
2. Make Goulds b. 220 V
3. Model # 5FS05412
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity 42 1. Type PLASTIC 1. Depth 240 ft.
2. Pressure relief 2. Size 1" 2. Yield 6 GPM
valve? 75psi 3. NSF and/or BOCA 3. Static water
Code approved NSF level _____ ft.
4. Depth of supply 4. Will water supply
line 40" be disinfected by
installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____
Date: 2/19/97

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 9779 Name: BARNARD COAST County: HOWARD

Source of Sample: MATHIS PROP. LOT 8 Street: _____ Town or City: _____ Collector: STOVER

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: HO-81-1546

County: 13 Plant No. Sampling Station Date Collected: 071086 Time: 115^A M Acid Iced

Field Data: pH* Chlorine Residual: Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>3.2</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received _____ Date Reported _____ Chemist _____ Lab No. 00636

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955
April 9, 1987

Barnard Construction
1035 St. Michael's Way
Mt. Airy, Maryland 21771

RE: Mathis Property - Lot 8
12470 Barnard Way

Dear Mr. Barnard:

This is to advise you that the septic system was installed, inspected and approved on February 13, 1987

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1546. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

April 2, 1987
Date of Water Sample

July 10, 1986
Date Well Approved:

Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW:JR

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

**BACTERIOLOGICAL DRINKING WATER REPORT
Field Record**

SAMPLE TYPE:	Source <u>Stratman Bathing Pavilion</u>		
Community <input type="checkbox"/>	Location: <u>12470 Bernad Way Lot 8</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input type="checkbox"/> No <input type="checkbox"/>	Time Collected <u>11:25</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.	
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Check Sample <input type="checkbox"/>	Collector # _____	Bottle No. <u>AE 832</u>	
Special <input checked="" type="checkbox"/>	Collector Name <u>L. Clark</u>	County <u>Howard</u>	

13
County

Plant No.

Sampling Station

8 27 87
Date Collected

pH 5.9

Res. Cl: Free 00

Total 00

Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

ml. of Sample	10ml.
Gas, 24 hours	<u> </u>
Gas, 48 hours	<u> </u>

CONFIRMED TEST

ml. of Sample	10ml.
Coliforms †	<u> </u>
Fecal Coliforms ‡	<u> </u>

No. of Pos.
<u>0</u>

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dilution: 1 - | Col. Counted:

Standard Plate Count §/ml.

- ** using m Endo-Agar LES at 35°C. incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5° C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour:

Laboratory Central

8-27-87 1:30 pm Recd.

Remarks _____

8-27-87 2- CLS Exam

Lab No. 4501

8-31-87 11:00 am Rept.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

September 4, 1987

Mr. & Mrs. George Stratman
12470 Barnard Way
W. Friendship, Maryland 21794

RE: Mathis Property - Lot 8
12470 Barnard Way

Dear Mr. & Mrs. Stratman:

This is to advise you that the septic system was installed, inspected and approved on February 13, 1987.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1546.

August 27, 1987
Date of Final Sampling

September 27, 1987
Date of Acceptance

Jane E. Nadeau

Jane Nadeau, Sanitarian
Water and Sewerage Program

Water Sample Dates:
April 2, 1987
August 27, 1987

JN:JR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source BARNARD, 12470 BARNARD WAY
 Bottle No. AB 631 Time Collected 10:10 am pm
 Treated 5058 Raw
 Iced: Yes No Collector STUBER County HOWARD

County Plant No. Sampling Station

Date Collected Card No.

pH Res. Cl: Free Total

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	+++++
Gas, 48 hours	

ml. of Sample	10ml.
Coliforms †	++++
Fecal Coliforms ‡	----

No. of Pos.
3
0

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml.

- ** using m Endo-Agar LES at 35°C. incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. MAR 9 1987 2:15 am pm Exam am pm
 Rept. MAR 12 1987 Bacteriologist PIERCE, J.D.

Remarks

CENTRAL Laboratory Lab No. 35405

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: M 22 Name: BARNARD County: HOWARD

Source of Sample: 12470 BARNARD WAY Collector: STAYER
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: LOT 8

County: 13 Plant No. Sampling Station Date Collected 030987 Time 1000 AM Acid Iced
Field Data: pH* Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	011	6.2	Arsenic	253	↓
<input checked="" type="checkbox"/> Alkalinity (Total)	040	13.	Barium	262	↓
Alkalinity (HCO ₃)	050	↓	Cadmium	273	↓
Alkalinity (CO ₃)	060	↓	Chromium	283	↓
pH*, Ca CO ₃ SAT.	071	↓	Lead	302	↓
Alkalinity, Ca CO ₃ SAT	080	↓	Mercury	314	↓
<input checked="" type="checkbox"/> Hardness	110	119.	Selenium	323	↓
Ammonia-N	143	↓	Silver	333	↓
<input checked="" type="checkbox"/> Nitrate-Nitrite N	162	2.9	Aluminum	192	↓
Nitrite N	173	↓	Calcium	231	↓
MBAS	182	↓	Copper	241	↓
<input checked="" type="checkbox"/> Chloride	091	96.	<input checked="" type="checkbox"/> Iron	122	<0.05
Fluoride	101	↓	Magnesium	241	↓
Color*	020	↓	Manganese	133	↓
Turbidity*	031	↓	Nickel	391	↓
Conductance*, SPEC.	201	↓	Potassium	361	↓
Silica	210	↓	Sodium	371	↓
Sulfate	220	↓	Zinc	342	↓
Total Residue	381	↓			

* Results reported in units, all others in milligrams per liter (ppm)

Date Received MAR 09 1987 Date Reported MAR 16 1987 Chemist Lab No. 11511

Lot 2

ww 156

M 42

8) -1540

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAR 18 9 23 AM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
MAR 18 7 57 AM '87