

B 1	9308	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 535974	STATE PERMIT NUMBER HO-95-2204 <small>fill in this form completely</small>
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OWNER INFORMATION **12008**

Date Received (APA) **09/13/11**

Nichols Brothers Construction

15 Last Name **Nichols** Owner First Name **Brothers** 34

36 Street or RFD **8161 Maple Lawn Blvd, Suite 420** 55

57 Town **Fulton Md** 70 State **20759** Zip 76

B 3 **Howard** **LOCATION OF WELL**

8 COUNTY **Howard** 21

23 SUBDIVISION **Studdard Property** 42

SECTION **44** 46 LOT **4** 50

52 NEAREST TOWN **Dayton** 71

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

DRILLER INFORMATION

Driller's Name **George F. Easterday** **M W D 040** 76 License No. 81

Firm Name **L. Franklin Easterday, Inc.**

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

Signature *George F. Easterday* Date **9/9/2011**

B 4 **Howard Road**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 37 DISTANCE FROM ROAD **FL**

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL:

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) **A530280**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **9/28/11** **John M. Wolf** 9/28/12

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **50** **000** EAST GRID **57** **000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **8** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **N/A** 000

N **N/A** 000

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)

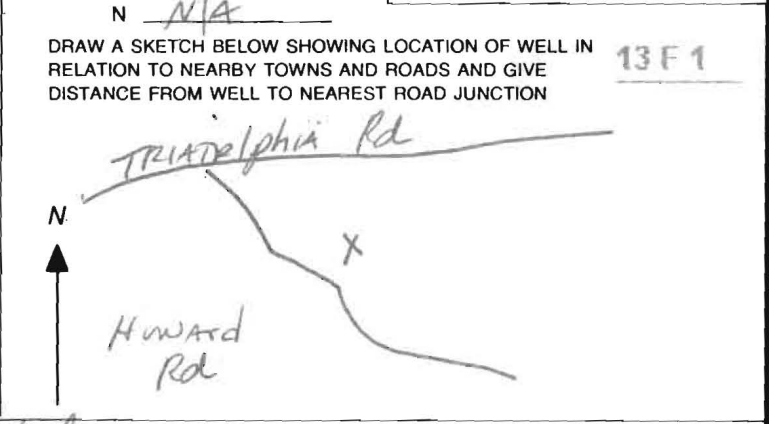
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-95-2204**

SPECIAL CONDITIONS **Well must be GPS'd.**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 - 3122

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 NICHOLS BROTHERS CONSTRUCTION

WELL LOG Not required for driven wells

GROUTING RECORD

C 3 PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Mica, Grey mica, Limestone.

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE Nominal diameter top (main) casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED

DEPTH (nearest ft.) 140

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DIAMETER OF SCREEN (NEAREST INCH)

DRILLERS LIC. NO. 1 MWD 040

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

5/13/11 OK (NO)

Yield Test Data Sheet

County File #: _____
District _____

MD Well Permit #: H0-95-2204

Date of Test: 10-11-11

Subdivision Name: STUDDARD Prof

Section _____ Lot # 4

Street Address: Howard Road

Measuring Point (MP) Description: _____
(for ex. "Top of casing")

Distance from MP to ground surface _____ ft.

Well Depth 140 ft. 40 gpm

Well Driller: EASTERDAY

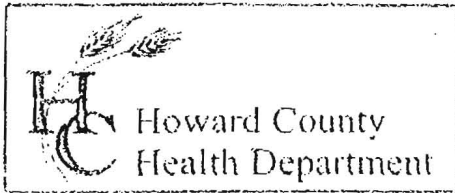
Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>8:30</u>	Static Water level <u>21</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.	<u>3 sec</u>	<u>20</u>

Water level and pumping rate must be recorded every 15 minutes			
		<u>pump set</u>	
1	<u>8:30</u>	<u>21</u> ft.	<u>130</u> <u>20</u> GPM
2	<u>8:45</u>	<u>29</u> ft.	<u>130</u> <u>20</u> GPM
3	<u>9:00</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
4	<u>9:15</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
5	<u>9:30</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
6	<u>9:45</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
7	<u>10:00</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
8	<u>10:15</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
9	<u>10:30</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
10	<u>10:45</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
11	<u>11:00</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
12	<u>11:15</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
13	<u>11:30</u>	<u>30</u> ft.	<u>130</u> <u>20</u> GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:
pump tested by Jerry Henning



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 Robert H. Vogel LVS,
(professional land surveyor or company employing professional land surveyors)
on 9-2-11 (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

LOT 4 STUDDARD prop

S87°16'34" E 369.28'

TP-25
EL. 524.35

TP-27
EL. 525.19

TP-26
EL. 526.57

TP-29
EL. 526.61

TP-A
EL. 529.80

TP-102
EL. 531.27

TP-31
EL. 527.19

TP-101
EL. 531.92

TP-103
EL. 532.48

S74°26'31" E 474.50'

S74°26'31" E 466.91'

S74°26'31" E 450.92'

EX. BUILDING

EX. WELL

EX. PAVED DRIVEWAY

EX. BUILDING

TP-5
EL. 526.23

EX. SEPTIC

PROP. BUILDING

PROP. SEPTIC RESERVATION AREA
11,000 S.F.

PROP. 30' WELL SETBACK

PROPOSED PRIVATE WELL BOX
1,500 S.F.

PROP. 30' WELL SETBACK

PROP. 100' WELL ENVELOPE

PROP. 100' WELL ENVELOPE

PROP. 30' WELL SETBACK

PROP. 30' WELL SETBACK

9/27/11
Well Box Approved
Staked by Vogel Eng
Kw

PROP. LOT 4
134,037.63 S.F.
(3.08 AC. +/-)

PROP. LOT 1

275.38

RIGHT-OF-WAY
L 11280 / F 59
L 300 / F 315

480.78'

PTIC AREA
S.F.

Attach to well head for inspection for Howard

130'

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: Allied Env. Svcs Telephone #: 301-776-8370
Address: PO Box 129
Annap. Junc. MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): Marshall Arnette License# MSD 106

*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: Matt Nichols Telephone #: 410-707-6055
Subdivision: Studdard Property Lot #: 4 Well Tag #: HO-
Site Address: 14149 Howard Rd
Dorton MD 21036

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: [checked]
Model #: 315QE 07-160 Model #: B-10XLF Screened, vented well cap:
Pump Capacity 7 GPM Depth: 48" (36" min) Cap secured to casing: [checked]
Well Yield: N/A GPM NSF/WSC approved: Conduit min 18" B.G.: [checked]

Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: [checked]
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

Pump set @ 130'
Piping to house House Connection
Type: HDPE PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 100 (160 psi min) Length of sleeve(5' minimum from foundation): [checked]
Depth of supply line: 36 (36" min) Sleeve sealed properly: [checked]

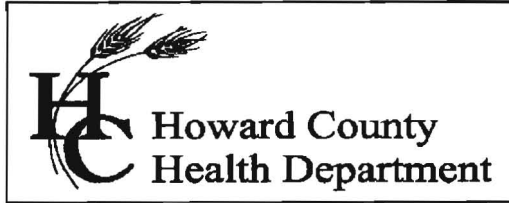
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11-19-13

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

Date Insp. Requested: Date Insp. Approved: Inspector:
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

OK [Signature] 5/13/14



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 14, 2014

May 14, 2014

Matthew Nichols
6263 Old Washington Road
Elkridge, MD 21075

**RE: Studdard Property, Lot 4
14148 Howard Road
Building Permit: B13001362
Well Permit: HO-95-2204**

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 **August 14, 2013**. Final approval of the well line connection to the dwelling was granted on **May 13, 2014**. The well construction was completed on **October 11, 2011**. Water samples were collected on **April 2, 2014**.

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-95-2204. 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:

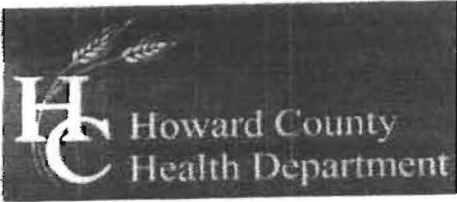
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Andrew Geisert
Environmental Sanitarian
Well & Septic Program

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



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

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

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:
Studdard Prop Howard Rd 4
Subdivision/Property Name Lot# Road Name

- The well site has been staked by *Allied Well Drilling*
(professional land surveyor or company employing professional land surveyors)
on *7/18/13* (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/05

SEND REPORT TO:

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 West Preston Street, Baltimore MD 21201
Robert A. Myers, Ph.D., Director

LABORATORY:

- CENTRAL (410) 767-6145
- E. SHORE REGIONAL (410) 219-9005
- W. MD REGIONAL (301) 759-5115

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045
Category Code: _____

BACTERIOLOGICAL DRINKING WATER REPORT

ICOP

Lab No.: 195119

No sand present found **FIELD RECORD**

Sample Type:

- Community
- Non-Community
- Non-Transient
- Private
- Check Sample
- C.O.P.
- Bottled Water
- OTHER: _____

Source: Matt Nichols
 Location: 14148 Howard Rd, Dayton
 Iced: Yes No Treated: Yes No
 Date Collected: 4/2/14 Time Collected: 10:00 a.m. p.m.
 Collector Name: Boleslav Shklyar Collector ID No.: 3179 BS
 Collector Tel. No.: 410-313-1787 Bottle No.: HC14148 County: Howard

Test Requested:

- Quantitative: Colilert®-QT Enterolert®
- P/A: Colilert® Enterolert®
- Multiple Tube Fermentation: MTF MTF (A1 Method-Source Waters Only)
- Heterotrophic Plate Count (HPC-Pour Plate Method)
- OTHER: _____

13
 County Plant No. Sampling Station
66 000 00
 pH Res. Cl: Free Total Card No.

COMMENTS: WATER TANK, BASE MOUNT

LABORATORY RECORD (DHMH Use Only)

- Test** SM 9223 Colilert® SM 9223 Colilert®QT SM 9223 Colilert®-18
Method(s): SM 9221 B (MTF) SM 9221 B, E (MTF) SM 9221 E (A1)
 (Check all that apply) SM 92215B (HPC) Enterolert® ASTMD 6503-99
 OTHER: _____

Temperature Control:

2°C

Thiosulfate:

- Present
- Absent
- Undetermined

P/A TEST (Colilert®/Enterolert®)

100 mL sample	MPN/100mL
Total coliforms	
<i>E. coli</i>	
Enterococci	

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100 mL
<input type="checkbox"/> 1:10			
<input type="checkbox"/> 1:100		0	LT
<input type="checkbox"/> 1:1000		0	LT
	Enterococci		

HETEROTROPHIC PLATE COUNT

Plate A: Plate B:
 Incubate 24.48.72 hrs/HPC
 (HPC/ml) =

APR 2'14 PM 3:35

RECEIVED

APR 2'14 PM 4:09

PLACED IN INCUBATOR

APR 3'14 PM 4:20

RESULTS READ/REPORTED

PRESUMPTIVE MTF TEST

mL of Sample	10 mL
Gas/24h	
Gas/48h	

APR 8 2014

CONFIRMED MTF TEST (MTF/A1 Method)

mL of Sample	10 mL
Total Coliforms	
Fecal Coliforms	

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

RESULTS

No. of Positives (+)	MPN/100mL

SAMPLE INVALIDATION:

- Sample Rejection
- Laboratory Accident
- Other: _____

RESAMPLE REQUIRED:

YES NO

DATE: _____

ANALYZED BY/DATE: J. Gilm 4/3/14 REVIEWED BY/DATE: L. Payer 4/4/14

REMARKS: _____

FAX MAIL EMAIL

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.

5/13/14 ok (AG)

SEND REPORT TO:

STATE OF MARYLAND

LABORATORY:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 West Preston Street, Baltimore MD 21201
Robert A. Myers, Ph.D., Director

CENTRAL (410) 767-6145
 E. SHORE REGIONAL (410) 219-9005
 W. MD REGIONAL (301) 759-5115

BACTERIOLOGICAL DRINKING WATER REPORT

Category Code: _____

Lab No.: _____

195119

No sand present found. **FIELD RECORD**

Sample Type:
 Community Source: Matt Nichols
 Non-Community Location: 14148 Howard Rd, Dayton
 Non-Transient
 Private Iced: Yes No Treated: Yes No
 Check Sample Date Collected: 4/2/14 Time Collected: 10:00 a.m. p.m.
 C.O.P.
 Bottled Water Collector Name: Boleslav Sakiyav Collector ID No. 3179 BS
 OTHER: _____ Collector Tel. No.: 410-313-1727 Bottle No.: HC14148 County: Howard

Test Requested:
 Quantitative: Colilert®-QT Enterolert®
 P/A: Colilert® Enterolert®
 Multiple Tube Fermentation: MTF MTF (A1 Method-Source Waters Only)
 Heterotrophic Plate Count (HPC-Pour Plate Method)
 OTHER: _____

COMMENTS: WATER TANK, BUS MOUNT

LABORATORY RECORD (DHMH Use Only)

Test Method(s): (Check all that apply) <input type="checkbox"/> SM 9223 Colilert® <input type="checkbox"/> SM 9221 B (MTF) <input type="checkbox"/> SM 92215B (HPC) <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> SM 9223 Colilert®-QT <input type="checkbox"/> SM 9221 B, E (MTF) <input type="checkbox"/> Enterolert® ASTMD 6503-99	<input type="checkbox"/> SM 9223 Colilert®-18 <input type="checkbox"/> SM 9221 E (A1)	Temperature Control: <u>29</u>	Thiosulfate: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undetermined
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P/A TEST (Colilert®/Enterolert®)	QUANTITATIVE TEST (Colilert®-QT/Enterolert®)	HETEROTROPHIC PLATE COUNT																								
<table border="1"> <tr><th>100 mL sample</th><th>MPN/100mL</th></tr> <tr><td>Total coliforms</td><td></td></tr> <tr><td><i>E. coli</i></td><td></td></tr> <tr><td>Enterococci</td><td></td></tr> </table>	100 mL sample	MPN/100mL	Total coliforms		<i>E. coli</i>		Enterococci		<table border="1"> <tr><th>Dilution</th><th>100 mL sample</th><th># Positive wells</th><th>MPN/100 mL</th></tr> <tr><td><input type="checkbox"/> 1:10</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> 1:100</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> 1:1000</td><td></td><td></td><td></td></tr> </table>	Dilution	100 mL sample	# Positive wells	MPN/100 mL	<input type="checkbox"/> 1:10				<input type="checkbox"/> 1:100				<input type="checkbox"/> 1:1000				Plate A: <input type="text"/> Plate B: <input type="text"/> Incubate 24.48.72 hrs/HPC (HPC/ml) = <input type="text"/>
100 mL sample	MPN/100mL																									
Total coliforms																										
<i>E. coli</i>																										
Enterococci																										
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<input type="checkbox"/> 1:1000																										
APR 2 '14 PM 3:35 RECEIVED APR 2 '14 PM 4:09 PLACED IN INCUBATOR APR 3 '14 PM 4:20 RESULTS READ/REPORTED	PRESUMPTIVE MTF TEST <table border="1"> <tr><th>mL of Sample</th><th>10 mL</th></tr> <tr><td>Gas/24h</td><td></td></tr> <tr><td>Gas/48h</td><td></td></tr> </table> CONFIRMED MTF TEST (MTF/A1 Method) <table border="1"> <tr><th>mL of Sample</th><th>10 mL</th></tr> <tr><td>Total Coliforms</td><td></td></tr> <tr><td>Fecal Coliforms</td><td></td></tr> </table>	mL of Sample	10 mL	Gas/24h		Gas/48h		mL of Sample	10 mL	Total Coliforms		Fecal Coliforms		RECEIVED APR 8 2014 RESULTS <table border="1"> <tr><th>No. of Positives (+)</th><th>MPN/100mL</th></tr> <tr><td></td><td></td></tr> </table>	No. of Positives (+)	MPN/100mL										
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No. of Positives (+)	MPN/100mL																									

SAMPLE INVALIDATION:

Sample Rejection
 Laboratory Accident
 Other: _____

RESAMPLE REQUIRED:
 YES NO

DATE: _____

ANALYZED BY/DATE: Film 4/3/14

REVIEWED BY/DATE: L. Payer 4/4/14

REMARKS: _____

FAX MAIL EMAIL

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DHMH-86 11/13

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5/13/14 ok (AG)



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

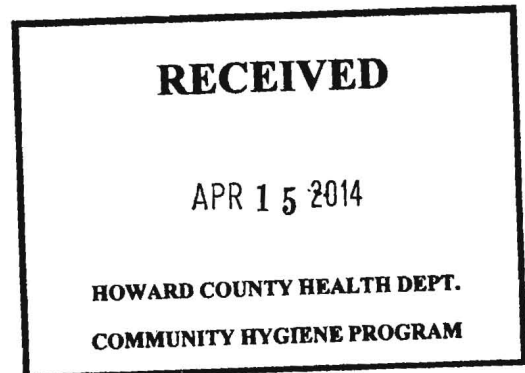
Lab Project NoE14004321 Date Coll. 04/02/2014 Date Received: 04/02/2014 Submitted By: B. Shklyar

Field ID: HC 14148
Lab No.: E14004321002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	9.28	mg N/L	04/04/2014
Turbidity	EPA 180.1	2.1	NTU	04/03/2014

5/13/14
OK (16)

Comments:



Approved by:

Shahla Aneli

Approval date: 04/07/2014

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