

C1 03741

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM 09 DD 04 YR 12

DATE WELL COMPLETED MM 08 DD 03 YR 12

Depth of Well 380 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2331

OWNER: Sharp Ryan; STREET OR RFD: 11820 Chapel Bells Way; SUBDIVISION: Chapel Woods II; SECTION: ; TOWN: Clarksville; LOT: 11

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 include Clay Dirt, Gray Soft Rock, Med. Hard Rock, Broken Rock, Gray White Rock.

8 Loops GROUTING RECORD

WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL (CM); NO. OF BAGS 96; NO. OF POUNDS 4800; DEPTH OF GROUT SEAL 380 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL); Nominal diameter top (main) casing (nearest inch): 60; Total depth of main casing (nearest foot): 70.

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

SCREEN RECORD

screen type or open hole: ST (STEEL); SLOT SIZE 1; DIAMETER OF SCREEN (NEAREST INCH): 56; DEPTH (nearest ft.): 11.

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 8.9; PUMPING RATE (gal. per min.) 11.15; TYPE OF PUMP USED (for test) J (jet); S (submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO); 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) 50-51.

HGH Mechanical

8 Closed Loops

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y) (N)

- 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...

DRILLERS LIC. NO. 1 MWD 553

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AW D 899

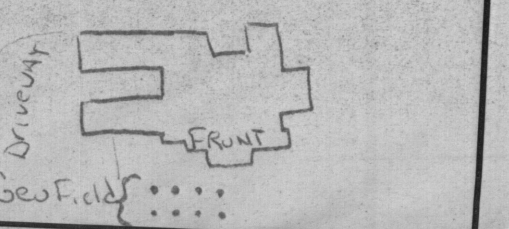
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 70 72 LOG INDICATOR 74 75 76 OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) LAT: 39.233070, Lon: 76.932232



Day 05-4/2110

EMERGENCY/TEMP NO. IF ANY

B 1 05710  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
537351 please type

STATE PERMIT NUMBER

40-95-2331  
70 fill in this form completely 79

Date Received (APA)  
06-22-12

8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34  
Sharp Ryan J.  
36 Street or RFD 55  
6329 Morning Lume La  
Columbia Md 21029  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION Chapel Woods II 42  
SECTION 44 46 LOT 17 48 50  
52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name 76 License No. 81  
C John Hess M WD 553  
Firm Name Allied Environmental Socs  
Address Po Box 129, Annapolis June MD 20701  
Signature John Hess Date 6-20-12

B 4

SOURCES OF DRILLING WATER

1. Public  
2.  
3.

11820 Chapel Bells Way  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 32 EAST  
SOUTH  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP 0029 BLK: 0007 PARCEL 0086

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 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL 8 Loops OK

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A37513  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 7/5/12  
43 MM DD YY 48 CO SIGNATURE Kim M. Way 7/5/12 EXP. DATE

APPROXIMATE DEPTH OF WELL 380 24 28 FEET

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)

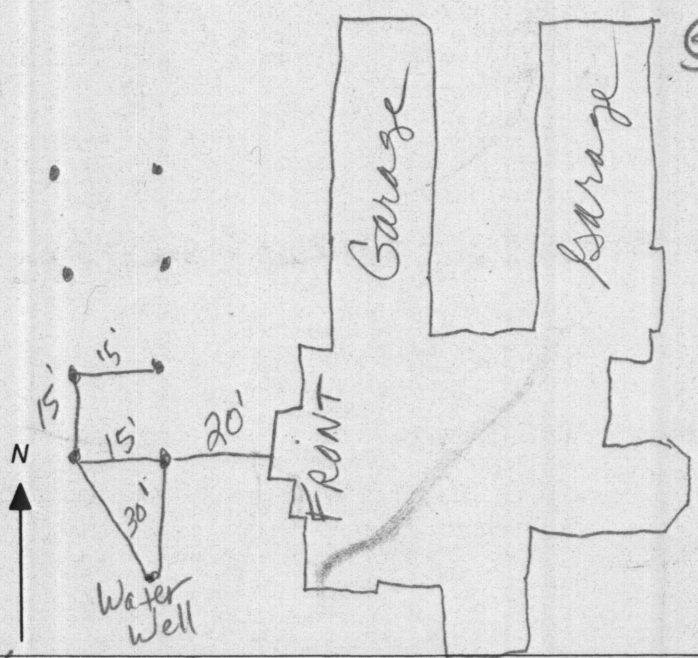
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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)

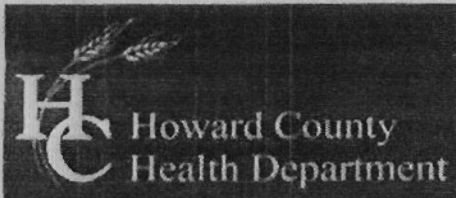
APPROX. PERMIT NUMBER G  
PERMIT No. 40-95-2331  
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS Grouts must be called in 24 hrs. prior.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Bureau of Environmental Health  
7178 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:  
Chapel Woods II      17      Chapel Bells Way  
Subdivision/Property Name      Lot#      Road Name

- The well site has been staked by Andy Trenhitt / Allied W.D.  
(professional land surveyor or company employing professional land surveyors)  
on 6/20/12 (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

B 1 8716 SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 140-88-0935

Date Received (APA) 06/16/89 OWNER INFORMATION T-S-M L... 15 Last Name Owner First Name 34 5520 SV-KK-HH RYH... 38 Street or RFD 55 CCK... 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 CHAPEL WOODS 23 SUBDIVISION 42 SECTION 44 46 LOT 17 48 50 PLANKS... 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION Driller's Name Joseph L. D... 77 License No. 80 Firm Name ES... Address 21771... Signature Date 1/14/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD Chapel Woods Dr. DISTANCE FROM ROAD 175 ENTER FT or MI

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I 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 Howard COUNTY NO. A-37513 STATE SIGNATURE DATE ISSUED 072/89 CO SIGNATURE EXP. DATE 012090 NORTH GRID 510000 EAST GRID 0820000

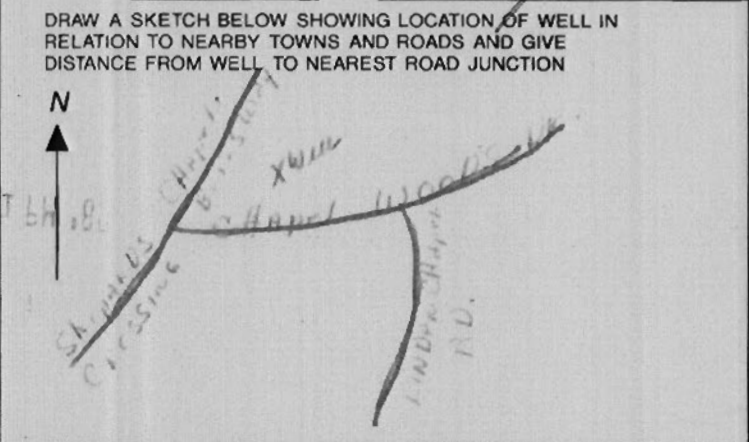
APPROXIMATE DEPTH OF WELL 200 FEET

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 other

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 820 N 510

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 S 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)



Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE 77 PERMIT No. 140-88-0935

SPECIAL CONDITIONS



FRI 11/30/12 Installation

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: Jones Well Drilling Telephone #: 410-692-6981  
Address: 3700 Rush Rd.  
Jamottsville MD 21084

(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 M. Kelly License# MWD304

\*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: Darlene Sharp Telephone #: 410-531-5616  
Subdivision: Chapel Woods Lot #: \_\_\_\_\_ Well Tag #: HO-88-0935  
Site Address: 11820 Chapel Bales Way  
Clarksville MD

Submersible Pump Data  
Make: Grundfos  
Model #: 1550E10-250  
Pump Capacity: 15 GPM  
Well Yield: 7 GPM

Pitless Adapter  
Make: Martson  
Model #: B10X  
Depth: 39 (36" min)  
NSF/WSC approved:

Well Cap and Electric Conduit  
Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing:   
Conduit min 18" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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 CU301 controller w/ low water shut off  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: \_\_\_\_\_  
PSI: 160 (160 psi min)  
Depth of supply line: 39 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve (5' minimum from foundation): 5'  
Sleeve sealed properly:

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: David Kelly date: 11/28/12

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/30/12 Inspector: KJD  
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

C1 1069 SEQUENCE NO. (DENV 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. ON ALL CARDS)

COUNTY NUMBER A-2713

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

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

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

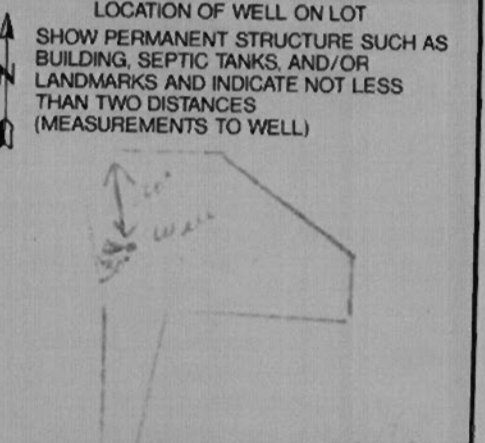
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W O TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

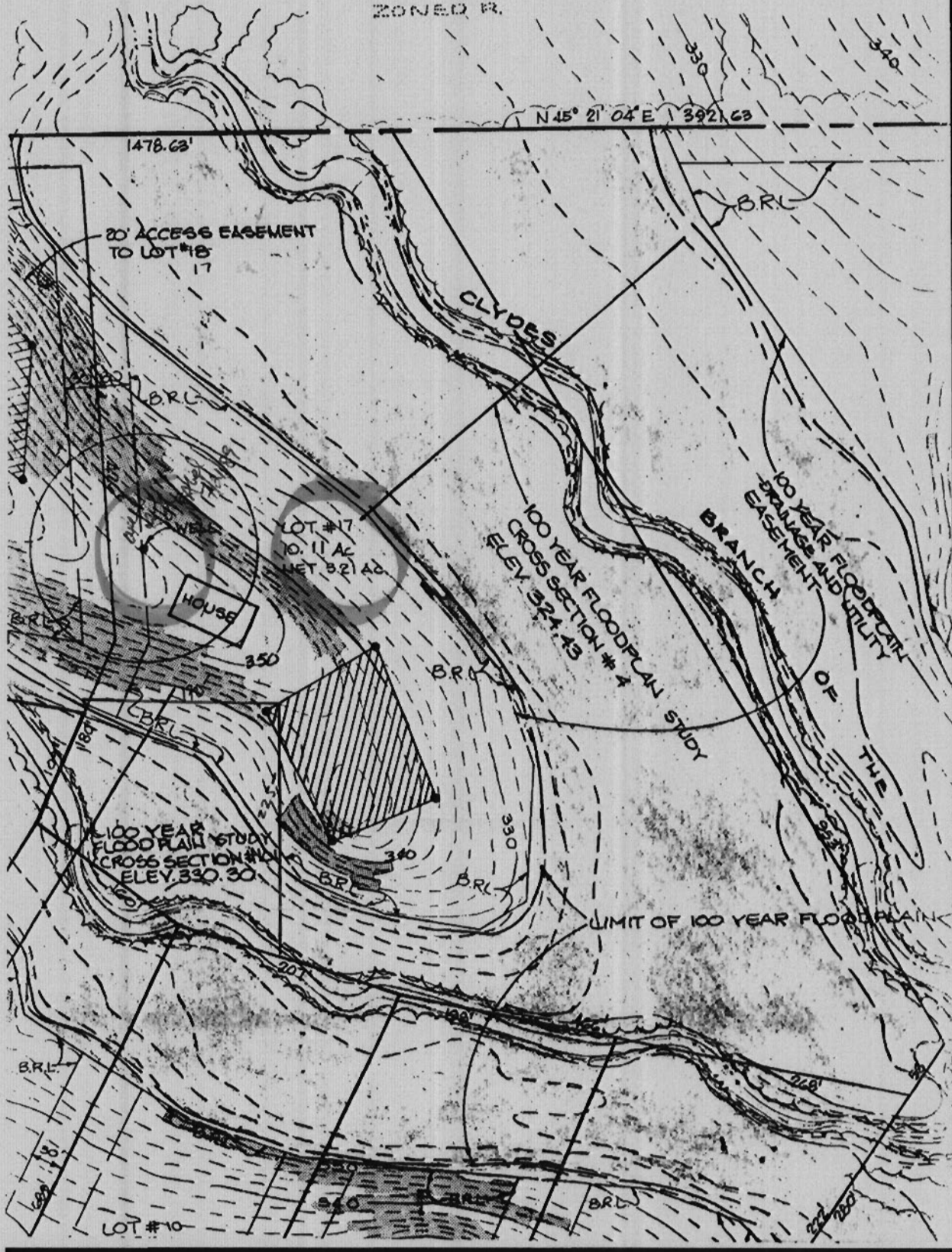
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

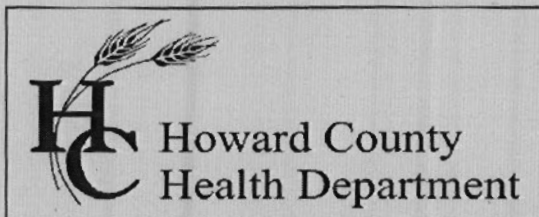


COUNTY

54  
55  
N. of A. W. A.

MALLAN REA JR.  
558/041  
ZONED R.





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 – June 20, 2014

December 20, 2013

Homeowner  
11820 Chapel Bells Way  
Clarksville, MD 21029

**RE: Chapel Woods II, Lot 17**  
**11820 Chapel Bells Way**  
**Building Permit: B11001326**  
**Well Permit: HO-88-0935**

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 **1/15/2013**. Final approval of the well line connection to the dwelling was granted on **11/30/2012**. The well construction was completed on **7/13/1989**. Water samples were collected on **12/19/2013**.

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-88-0935. 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 cursive script, appearing to read "Heidi Scott".

Heidi Scott, L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSES

Ryan Sharp  
11820 Chapel Bell Lane  
Clarksville, MD 21029

REPORT DATE: 20-Dec-13  
REPORT 8407  
USE & OCCUPANCY  
PERMIT # B11001326

LAB#- ECL031147-001      SAMPLE ID- 11820 Chapel Bell Lane  
LOCATION- Hall Bath      WELL # Not Observed  
DATE SAMPLED- 12/19/2013      TIME SAMPLED- 11:25      SAMPLER- N Riley #1391NR  
DATE RECEIVED- 12/19/2013      TIME RECEIVED- 12:38      CHLORINE- <0.05 mg/L  
DELIVERED BY- N Riley      RECEIVED BY- VPS  
COMMENTS-

Page 1 of 2

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
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MICROBIOLOGY BY ENVIRO-CHEM LABORATORIES, MD CERT #192

✓ E. Coli#	SM 9223	12/19/2013 14:45	VPS	Absent	PASS
Total Coliform#	SM 9223	12/19/2013 14:45	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

WET CHEMISTRY BY ENVIRO-CHEM LABORATORIES, MD CERT #192

✓ Nitrate (as N)#	EPA 300.0	12/19/2013 20:02	SMW	< 0.2	mg/L	PASS
✓ pH, Lab	SM4500-H+B	12/19/2013 14:11	NSR	7.2	S.U.	
✓ Turbidity	EPA 180.1	12/19/2013 14:11	NSR	0.7	NTU	

Results OK  
12/20/13 H8

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSES

Ryan Sharp  
11820 Chapel Bell Lane  
Clarksville, MD 21029

REPORT DATE: 20-Dec-13  
REPORT 8407  
USE & OCCUPANCY  
PERMIT # B11001326

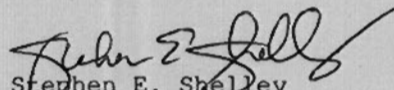
LAB#- ECL031147-002      SAMPLE ID- 11820 Chapel Bell Lane  
LOCATION- Pressure Tank      WELL # Not Observed  
DATE SAMPLED- 12/19/2013      TIME SAMPLED- 11:25      SAMPLER- N Riley #1391NR  
DATE RECEIVED- 12/19/2013      TIME RECEIVED- 12:38      CHLORINE- <0.05 mg/L  
DELIVERED BY- N Riley      RECEIVED BY- VPS  
COMMENTS-

Page 2 of 2

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
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### WET CHEMISTRY BY ENVIRO-CHEM LABORATORIES, MD CERT #192

Settleable Solids	EPA 160.5	12/19/2013 14:00	VPS	< 0.5	ml/L/hr
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Stephen E. Shelley  
LABORATORY DIRECTOR

# State of Maryland Certified Parameter