

SEQUENCE NO. (MDE USE ONLY)

# 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 A518641

1 2 3 4 5 6 7 8  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
08 03 06

Depth of Well  
22 360 26 3/12/2013  
(TO NEAREST FOOT) O.K. (BB)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-0373

OWNER Phlakerkorn/Cloverfield LLC  
last name first name  
STREET OR RFD Near Phlakerkorn TOWN Glenolga  
SUBDIVISION Cloverfield SECTION \_\_\_\_\_ LOT 13

### WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET  
FROM TO

check if water bearing

Top Soil	0	2	
Sandy	2	20	
Sand Stone	20	25	
MICKA	25	65	
Sand Stone	65	20	✓
MICKA	20	220	
Flint rock	220	225	✓
MICKA	225	360	

### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  C M BENTONITE CLAY  B C

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 38 ft.  
48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

### CASING RECORD

casing types insert appropriate code below

S T  C O  
STEEL CONCRETE

P L  O T  
PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

60 61 63 64 66 70

### OTHER CASING (if used)

diameter depth (feet)  
inch from to

### SCREEN RECORD

screen type or open hole (insert appropriate code below)

S T  B R  H O  
STEEL BRASS OPEN HOLE

P L  O T  
PLASTIC OTHER

### DEPTH (nearest ft.)

1 HO 2 28 3 360

E 8 9 11 15 17 21

A 23 24 26 30 32 36

S 38 39 41 45 47 51

R

E

N

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
58 60  
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 LOG OTHER DATA  
CASING INDICATOR

### C 3

### PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 66 ft.  
17 20

WHEN PUMPING 191 ft.  
22 25

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

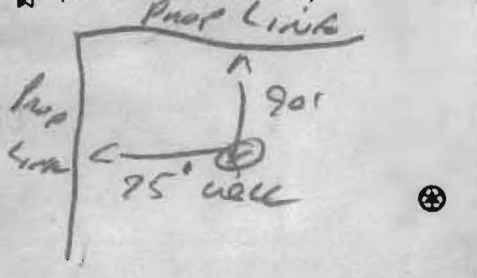
CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } 2 (nearest foot)

### 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

### 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 28.04.04 "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 S D 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. Sub D

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

B 1 0972

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524 386 please type

STATE PERMIT NUMBER

HO-95-0373 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Cloverfield/Pefferkorn LLC 15 Last Name Owner First Name 34 36 3060 Rt. 97 Street or RFD 55 57 Glenwood MT. 21738 70 Town 72 State 76 Zip 76

B 3

LOCATION OF WELL

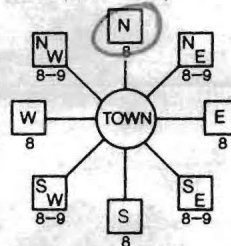
Howard 8 COUNTY 21 cloverfield 23 SUBDIVISION 42 SECTION 44 46 LOT 13 48 50 GLENWELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M S D 117 76 Driller's Name License No. 81 Ralph E. Mayne, Inc. Firm Name 17024 Hardy Rd. MT. Airy, MD. 21771 Address Signature Date 3/25/06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



road A 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST S EAST E SOUTH S 34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 8 PARCEL 4

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 A518641 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 5/2/06 5/3/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 536 0 0 0 EAST GRID 803 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 150' 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 (circled) 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 HO 2006G 006(01) PERMIT No. HO-95-0373 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

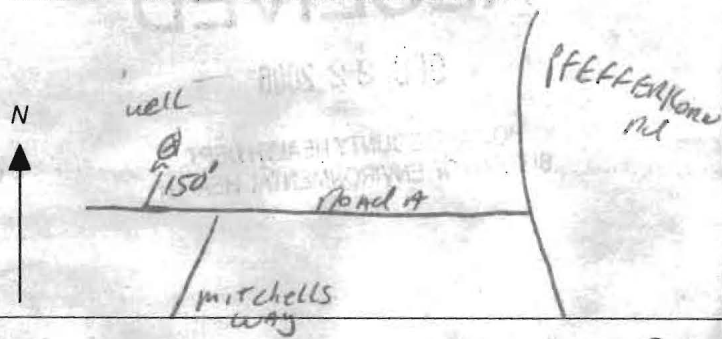
- 1. well (circled) 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 803

N 536

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Date Received (APA)

OWNER INFORMATION

15 Last Name Clouetfield/Pfefferkorn LLC 34 First Name  
36 Street or RFD Rt. 97 55  
57 Town Glenwood 70 State MT. 72 Zip 21730 76

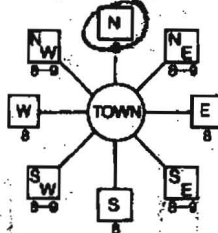
LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION Clouetfield 42  
SECTION 44 46 LOT 13 50  
52 NEAREST TOWN GLENWOOD 71  
MILES FROM TOWN (enter 0 if in town) I M. 73 76 77 78

DRILLER INFORMATION

Driller Ralph E. Mayne 76 License No. MSD 117 81  
Firm Name Ralph E. Mayne, Inc.  
Address 17024 Hardy Rd. MT. Airy, MD. 21771  
Signature [Signature] 3/25/06 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Road A 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N  
34 DISTANCE FROM ROAD 150 37  
ENTER FT OR MI ft 38 39  
TAX MAP: 15 BLK: 8 PARCEL 4

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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. 13  
STATE SIGNATURE \_\_\_\_\_ DATE ISSUED 5/2/06  
CO SIGNATURE \_\_\_\_\_ EXP. DATE 5/3/07  
NORTH GRID 536 EAST GRID 803  
50 55 57 83

APPROXIMATE DEPTH OF WELL 150' FEET  
APPROXIMATE DIAMETER OF WELL 6" INCH

SHOW MAJOR FEATURES OF BOX & LOGATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2. 14 300's  
3. 8-306  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 803  
N 534

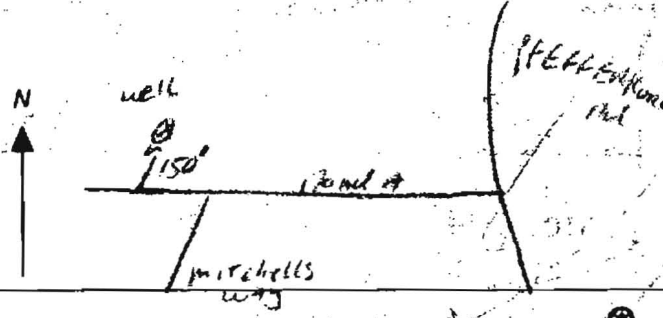
METHOD OF DRILLING (circle one)

- 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) \_\_\_\_\_

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)

APPROX. PERMIT NUMBER H020066006(01)  
PERMIT No. H0-95-0373

SPECIAL CONDITIONS

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0373  
 Location of property (road) Near Peltokorn  
 Subdivision Cloverfield Lot 13 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Cloverfield / Peltokorn LLC

Depth of well 360  
 Distance of measuring point (M.P.) above ground 2<sup>nd</sup>  
 Static water level (S.W.L.) below M.P. 66

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12 GPM  
 Total time 30 min to reach pumping water level 191 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	66 #	5 Sec	Test Started	12 GPM
8:30	191 #	20 Sec		GPM
8:45	191 #	20 Sec		3 GPM
9:00	191 #	20 Sec		3 GPM
9:15	191 "	20 "		3 "
9:30	191 "	20 "		3 "
9:45	191 "	20 "		3 "
10:00	191 #	20 Sec		3 GPM
10:15	191 #	20 Sec		3 GPM
10:30	191 #	20 Sec		3 GPM
10:45	191 "	20 "		3 "
11:00	191 "	20 "		3 "
11:15	191 "	20 "		3 "
11:30	191 #	20 Sec		3 GPM
11:45	191 #	20 Sec		3 GPM
12:00	191 #	20 Sec		3 GPM
12:15	191 "	20 "		3 "
12:30	191 "	20 "		3 "
12:45	191 "	20 "		3 "
1:00	191 #	20 Sec		3 GPM
1:15	191 #	20 Sec		3 GPM
1:30	191 #	20 Sec		3 GPM
1:45	191 "	20 "		3 "
2:00	191 "	20 "		3 "
HD-224 2:15	191 #	20 Sec		3 GPM
2:30	191 #	20 Sec		3 GPM



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648  
313-1771**

**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: ATLANTIC BLUE LLC Telephone #: 410 840 8112  
Address: 25 AUCKLAND ST. 7  
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): MARK MOHREY License# 63797

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WATSONVILLE HOMES Telephone #: 410 442 2211  
Subdivision: CLOVEYFIELD Lot #: 13 Well Tag #: HO-95-0373  
Site Address: GLEN EIG, MD 21737

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>J CLASS</u>	Make: <u>Messall</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5380554-2w230</u>	Model#: <u>BNL200</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

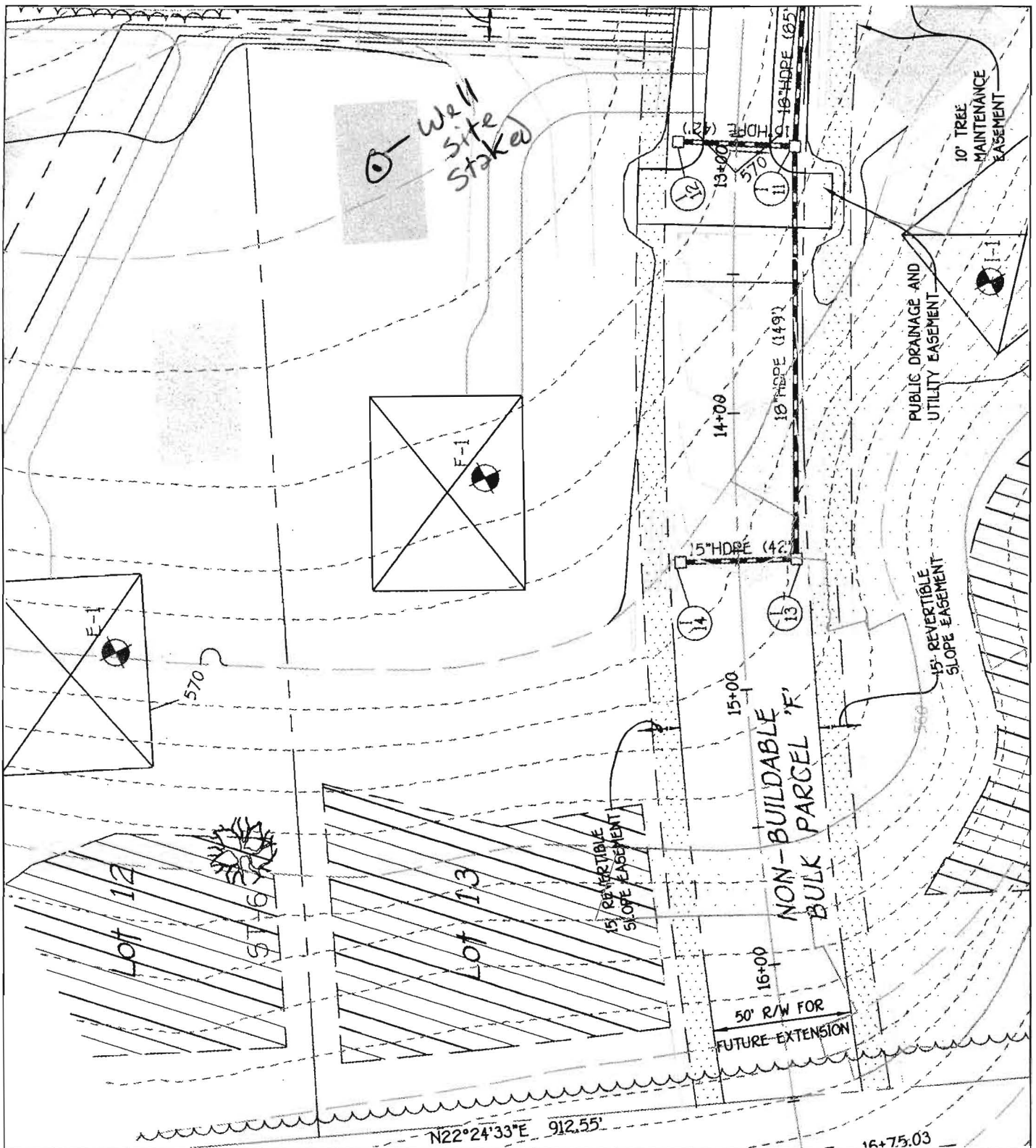
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2 FT</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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: 5/14/13

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

Date Insp. Requested: 5/15/13 Date Insp. Approved: 5/15/13 [Signature]  
Inspection Data: Pitless adapter and 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 installed inside of well 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



HERITAGE  
Land Development

WELL LOCATION EXHIBIT -- LOT 13  
CLOVERFIELD

TAX MAP #15    ZONED RC-DED    PARCEL 4  
3RD ELECTION DISTRICT    HOWARD COUNTY, MARYLAND  
SCALE: 1"=50'    DATE: MARCH 21, 2006

LAND PLANNING    ♦    DEVELOPMENT    ♦    MARKETING    ♦    ZONING    ♦    VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7900



Howard County  
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

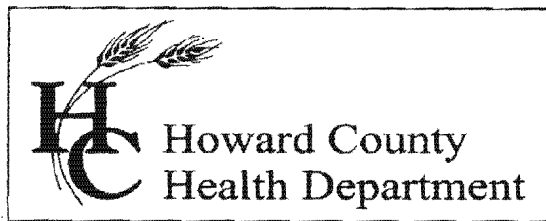
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FCC  
on 3/31/06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 26, 2015**

8/26/2014

Homeowner  
13578 Mitchells Way  
West Friendship, MD 21794

**RE: Cloverfield, Lot 13  
13578 Mitchells Way  
Building Permit: B13000620  
Well Permit: HO-95-0373**

Dear Homeowner:

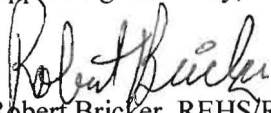
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/16/2013**. Final approval of the well line connection to the dwelling was granted on **5/15/2013**. The well construction was completed on **5/3/2006**. Water samples were collected on **5/27/2014**.

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-95-0373. 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.**

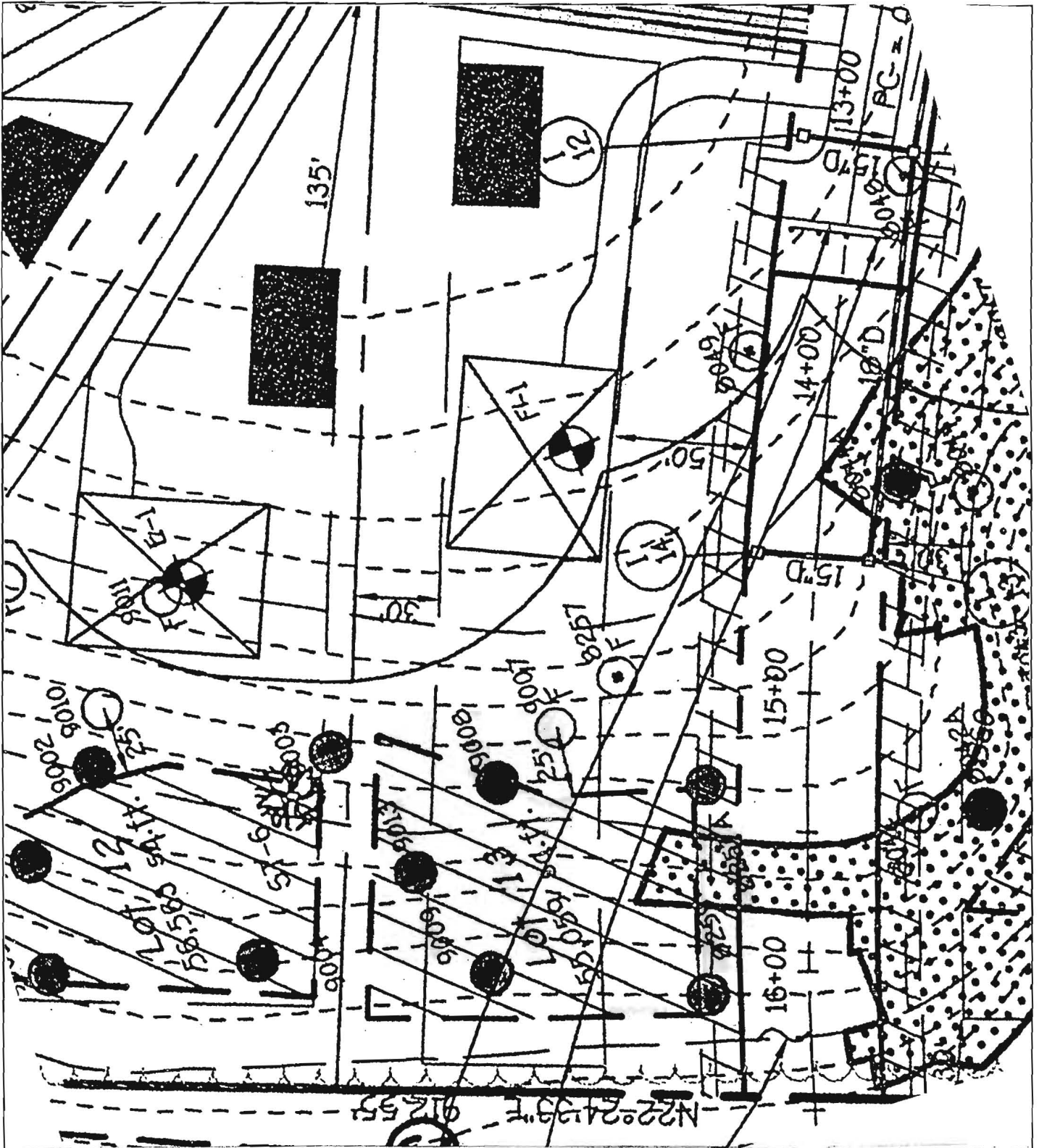
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



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

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



HERITAGE  
Land Development

WELL LOCATION EXHIBIT - LOT 13  
CLOVERFIELD

TAX MAP #15    ZONED: RC-DED    PARCEL: 4  
3RD ELECTION DISTRICT    HOWARD COUNTY, MARYLAND  
SCALE: 1"=50'    DATE: MARCH 21, 2006

LAND PLANNING   ♦   DEVELOPMENT   ♦   MARKETING   ♦   ZONING   ♦   VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-480-7800

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 94374 Account #: 1045  
Reference: CH Cloverfield Lot 13 Company: Atlantic Blue Water Services  
Location: 13578 Mitchells Way Requested By: Mark Mather  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 5/27/2014 1000 Site: Kitchen Sink Tap ✓  
Date/Time Rec'd: 5/27/2014 1215 Treatment: None ✓  
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.1  
Collected By: M. Mather 3480MM Well #: HO-95-0373 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	5/28/2014 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	5/28/2014 / 1015 / LLO
Nitrate	6.48 ✓	mg/L	10	601	5/28/2014 / 1300 / CRS
Turbidity	0.95 ✓	NTU	<10	SM18 2130B	5/28/2014 / 0848 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	5/28/2014 / 0848 / JKW

OK ✓ JB 8/26/2014

### 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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B13000620

Date Reported: 5/28/2014