

C 1 7271

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A520768

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 2/22/08

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1332

OWNER Spring Mill LLC STREET OR RFD Mitchells Way SUBDIVISION Cloverfield SECTION 2 TOWN West Branch LOT 1

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 red clay, Brown Shale, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 18 NO. OF POUNDS 108

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DIAMETER OF SCREEN (NEAREST INCH) 56

Table for depth and casing height with columns for depth (nearest ft.) and casing height.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 23 WHEN PUMPING 38

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 02 (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 26.04.04 "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 SD 009 DRILLERS SIGNATURE LIC. NO. D 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 LOG INDICATOR OTHER DATA

No Survey stakes

B 1 8229

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HW-95-1332 fill in this form completely

527862 please type

Date Received (APA)

OWNER INFORMATION

Spring Mill LLC P.O. Box 417 Ellicott City, Md 21041

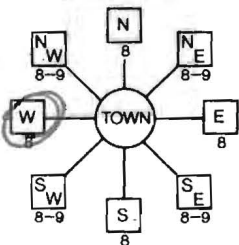
LOCATION OF WELL

Howard County Cloverfield West Friendship

DRILLER INFORMATION

Allen Compton M SD 009 Eagles Well Drilling 580 Obrecht Rd

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mitchells Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1000 FT DISTANCE FROM ROAD

TAX MAP: 15 BLK: 7 PARCEL 119

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 County #52076B STATE SIGNATURE DATE ISSUED 2/25/08 CO SIGNATURE DATE 2/25/08 NORTH GRID 536 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY (circled) 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 (circled)
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)

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

APPROP. PERMIT NUMBER HW 2007 G 003 PERMIT No. HW-95-1332

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

8002 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

B 1 **1028** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
527862 please type

STATE PERMIT NUMBER
H0-95-1332
fill in this form completely

Date Received (APA) _____
OWNER INFORMATION
8 MM DD YY 13
Security Development Corporation
15 Last Name Owner First Name 34
P.O. Box 4117
36 Street or RFD 55
Elliott City Md 21041
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
Chorfield Section II
23 SUBDIVISION 42
SECTION 2 LOT 1
44 46 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION
Joseph & Mayne M S D O 24
Driller's Name 76 License No. 81
Joseph & Mayne Well Drilling
Firm Name
551 Ridge Rd Mt. Airy Md 21771
Address
Joseph Mayne 10-15-07
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Mitchells Way 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 25 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 7 PARCEL: 117

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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) A520768
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 10/30/2007 Brian Baker 10/30/2008
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 536 0 0 0 EAST GRID 802 0 0 0
50 55 57 63

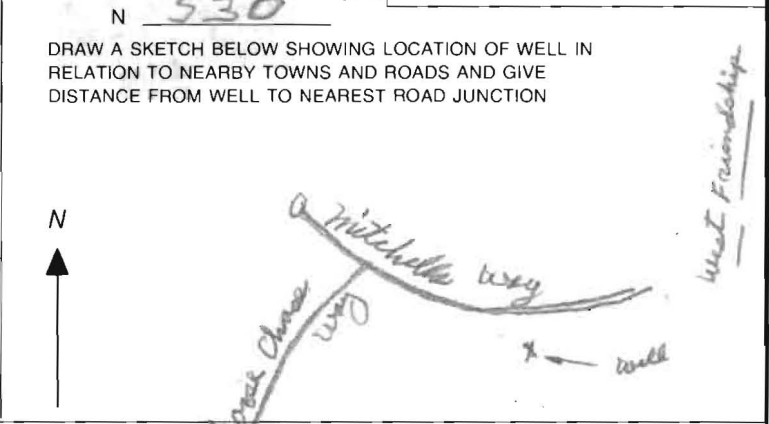
APPROXIMATE DEPTH OF WELL 24 FEET
APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3. X
WRITE THE BOX NUMBER FROM THE MAP HERE
E 802
N 536
000
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 DEEPEAN 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 H020070003
PERMIT No. H0-95-1332
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

MD Well Permlt #. H0-95-1332

Date of Test: 2/27/08

Subdivision Name: Cloverfield

Section 2 Lot # 1

Street Address: Mitchellsway

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

Distance from MP to ground surface 2 ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

NOTES:

Pump Start Time	Static Water level	Pumping Rate () Time to fill / gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
7:00	23 ft.		15
Water level and pumping rate must be recorded every 15 minutes			
1 7:00	23 ft.	4	15 GPM
2 7:15	31 ft.	4	15 GPM
3 7:30	31 ft.	4	15 GPM
4 7:45	31 ft.	4	15 GPM
5 8:00	31 ft.	4	15 GPM
6 8:15	31 ft.	4	15 GPM
7 8:30	31 ft.	4	15 GPM
8 8:45	38 ft.	4	15 GPM
9 9:00	38 ft.	4	15 GPM
10 9:15	38 ft.	4	15 GPM
11 9:30	38 ft.	4	15 GPM
12 9:45	38 ft.	4	15 GPM
13 10:00	38 ft.	4	15 GPM
14 10:15	38 ft.	4	15 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

Yield Test Data Sheet

County File # _____

District 2

MD Well Permit #. H0-95-1332
 Date of Test: 2/27/08
 Subdivision Name: Cloverfield
 Section 2 Lot # 1
 Street Address: Mitchellsway

Measuring Point (MP) Description: Top of casing
 (for ex. "Top of casing")
 Distance from MP to ground surface 2 ft.
 Well Depth 300 ft.
 Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report
 Submit to:

NOTES:

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)
7:00	<u>23</u> ft.	() Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	<u>15</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	<u>7:00</u>	<u>23</u> ft.	<u>4</u> <u>15</u> GPM
2	<u>7:15</u>	<u>37</u> ft.	<u>4</u> <u>15</u> GPM
3	<u>7:30</u>	<u>37</u> ft.	<u>4</u> <u>15</u> GPM
4	<u>7:45</u>	<u>37</u> ft.	<u>4</u> <u>15</u> GPM
5	<u>8:00</u>	<u>37</u> ft.	<u>4</u> <u>15</u> GPM
6	<u>8:15</u>	<u>37</u> ft.	<u>4</u> <u>15</u> GPM
7	<u>8:30</u>	<u>37</u> ft.	<u>4</u> <u>15</u> GPM
8	<u>8:45</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
9	<u>9:00</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
10	<u>9:15</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
11	<u>9:30</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
12	<u>9:45</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
13	<u>10:00</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
14	<u>10:15</u>	<u>38</u> ft.	<u>4</u> <u>15</u> 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

**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 AUCION CT. SECT 7
WELTMINSTER, 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 MCHANEY 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: SOYING MILL LLC. Telephone #: 410 442-2211
Subdivision: CLOVERFIELD SECT 3 Lot #: 1 Well Tag #: HO-95-1332
Site Address: 13581 MITCHELLS WOOD
WEST FRIENDSHIP, MD 21794

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JCISS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>75S154-2W</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</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: <u>280</u> (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 of Cable guards are required -- Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house	House Connection
Type: <u>PVC</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 FE.</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: _____ date: 8/25/14

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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 _____

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: _____ Telephone #: _____
 Address: _____

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

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

Name (Print): _____ License# _____

*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: _____ Telephone #: _____
 Subdivision: Cloverfield Lot #: 1 Well Tag #: HO-95-1332
 Site Address: 13581 Mitchell's Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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 <u>inside of well casing</u> _____		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

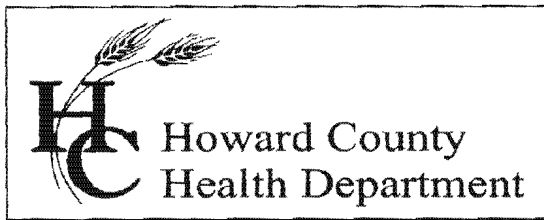
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 8/25/14 Date Insp. Approved: 9/17/2014 Inspector: BB/RR/KW

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	✓



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 30, 2015

9/30/2014

Homeowner
13581 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 1
13581 Mitchells Way
Building Permit: B14000810
Well Permit: HO-95-1332**

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 **9/26/2014**. Final approval of the well line connection to the dwelling was granted on **9/17/2014**. The well construction was completed on **2/27/2008**. Water samples were collected on **9/22/2014 and 9/29/14**.

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-95-1332. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

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 #: 96504 Account #: 1045
Reference: Catonsville Homes Lot 1 Company: Atlantic Blue Water Services
Location: 13581 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 9/29/2014 1200 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/29/2014 1520 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: M. Mather 3480MM Well #: HO-95-1332

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	NS	mg/L	5	Visual/Gravimetric	9/30/2014 / 1140 / BCD

NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH tested in lab, chlorine level tested on site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 14-000810

Date Reported: 9/30/2014

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

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Reason for Test : Use & Occupancy

Building Permit # : 14-000810

Date Reported: 9/30/2014

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 #: 96349 Account #: 1045
Reference: Catonsville Homes Lot 1 Company: Atlantic Blue Water Services
Location: 13581 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 9/22/2014 1435 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/22/2014 1510 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: M. Mather 3480MM Well #: HO-95-1332

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/23/2014 / 1045 / LLO
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/23/2014 / 1045 / LLO
✓ Nitrate	6.93	mg/L	10	601	9/23/2014 / 1730 / CM/CS
✓ Turbidity	3.55	NTU	<10	SM18 2130B	9/23/2014 / 1530 / CRS
✓ Nitrite	<0.005	mg/L	1	SM4500-NO2 B	9/23/2014 / 1420 / CRS

Reviewed 9/26/14 - H.O.
Need Sand Result

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH tested in lab, chlorine level tested on site
- 7 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 14-000810

Date Reported: 9/24/2014