

C1 6091

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 800 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 2221

OWNER CHAPEL RISE LTD last name first name STREET OR RFD BRAZDEN WOOD TOWN CLARKSVILLE SUBDIVISION CHAPEL RISE SECTION LOT 9

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica opening, Gray Mica.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 23 NO. OF POUNDS 2300 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) HO 58 800

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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. 1 M D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 038

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

Table with columns: A, C, S, R, E, N. Rows for casing sections with diameters and depths.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 71 ft. WHEN PUMPING 391 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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)

39.234297 76.918935

B-1 9318

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-2221

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION 12027

8 MM DD YY 13

Chapel Rise Ltd

15 Last Name Owner First Name 34

11795 Bragdon Wood

36 Street or RFD 55

Clarksville Md 21029

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard

8 COUNTY

Chapel Rise

23 SUBDIVISION

SECTION 44 46

LOT 9 P-282

Clarksville

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday W M D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

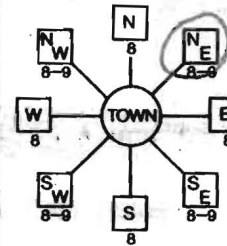
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 10/4/2011

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11795 Bragdon Wood

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

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

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

Howard 13 A 532542
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 11/14/11 CO SIGNATURE EXP. DATE 11/14/12

NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G

PERMIT No. 40-95-2221

SPECIAL CONDITIONS Redium Sample needed. Clarksville

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 000 000
N

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 H3

N



8:30

Page _____ of _____

Date 12-21-11

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-95-2221 Election District _____

Location of Property (road) BRADON WOOD

Subdivision Chapel Rise Lot 9 Block _____ Plat _____ Sec. _____

Well Driller EASTERDAY Owner Chapel Rise Ltd - SOSNICKI

Depth of Well 800 13pm

Distance of Measuring Point (M.P.) above ground 2'

Static Water Level (S.W.L.) below M.P. 711

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 G.P.M.

Total time 60 min to reach pumping water level 392 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:15	392'	60 sec		1 G.P.M.
9:30	392'	60 sec		1 G.P.M.
9:45	392'	60 sec		1 G.P.M.
10:00	392'	60 sec		1 G.P.M.
10:15	392'	60 sec		1 G.P.M.
10:30	392'	60 sec		1 G.P.M.
10:45	392'	60 sec		1 G.P.M.
11:00	392'	60 sec		1 G.P.M.
11:15	392'	60 sec		1 G.P.M.
11:30	393'	60 sec		1 G.P.M.
11:45	393'	60 sec		1 G.P.M.
12:00	393'	60 sec		1 G.P.M.
12:15	393'	60 sec		1 G.P.M.
12:30	393'	60 sec		1 G.P.M.
12:45	393'	60 sec		1 G.P.M.
1:00	393'	60 sec		1 G.P.M.
1:15	393'	60 sec		1 G.P.M.
1:30	393'	60 sec		1 G.P.M.
1:45	393'	60 sec		2 G.P.M.
2:00	394'	60 sec		2 G.P.M.
2:15	394'	60 sec		1 G.P.M.
2:30	394'	60 sec		1 G.P.M.
2:45	394'	60 sec		1 G.P.M.
3:00	394'	60 sec		1 G.P.M.
3:15	394'	60 sec		1 G.P.M.

B-13003493

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: Joel Isaacs Plbg Svcs Telephone #: 410 365-1279
Address: PO Box 250
Lisbon MD 21765

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joel Isaacs Sr. License# 4524

*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: Chris & Lisa Chodnick Telephone #: 410 369-3801
Subdivision: Chapel Estates Lot #: 9 Well Tag #: HO-25-2221 ✓
Site Address: 11775 Chapel Estates Dr.
Clarksville MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Myers Make: Campbell Two piece watertight cap: ✓
Model #: 1 hp Model#: 1" Screened, vented well cap: ✓
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 1 GPM NSF/WSC approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 800' (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 inside of well casing ✓

Piping to house House Connection
Type: Poly PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min) Length of sleeve(5' minimum from foundation): ✓
Depth of supply line: 42" (36" min) Sleeve sealed properly: ✓

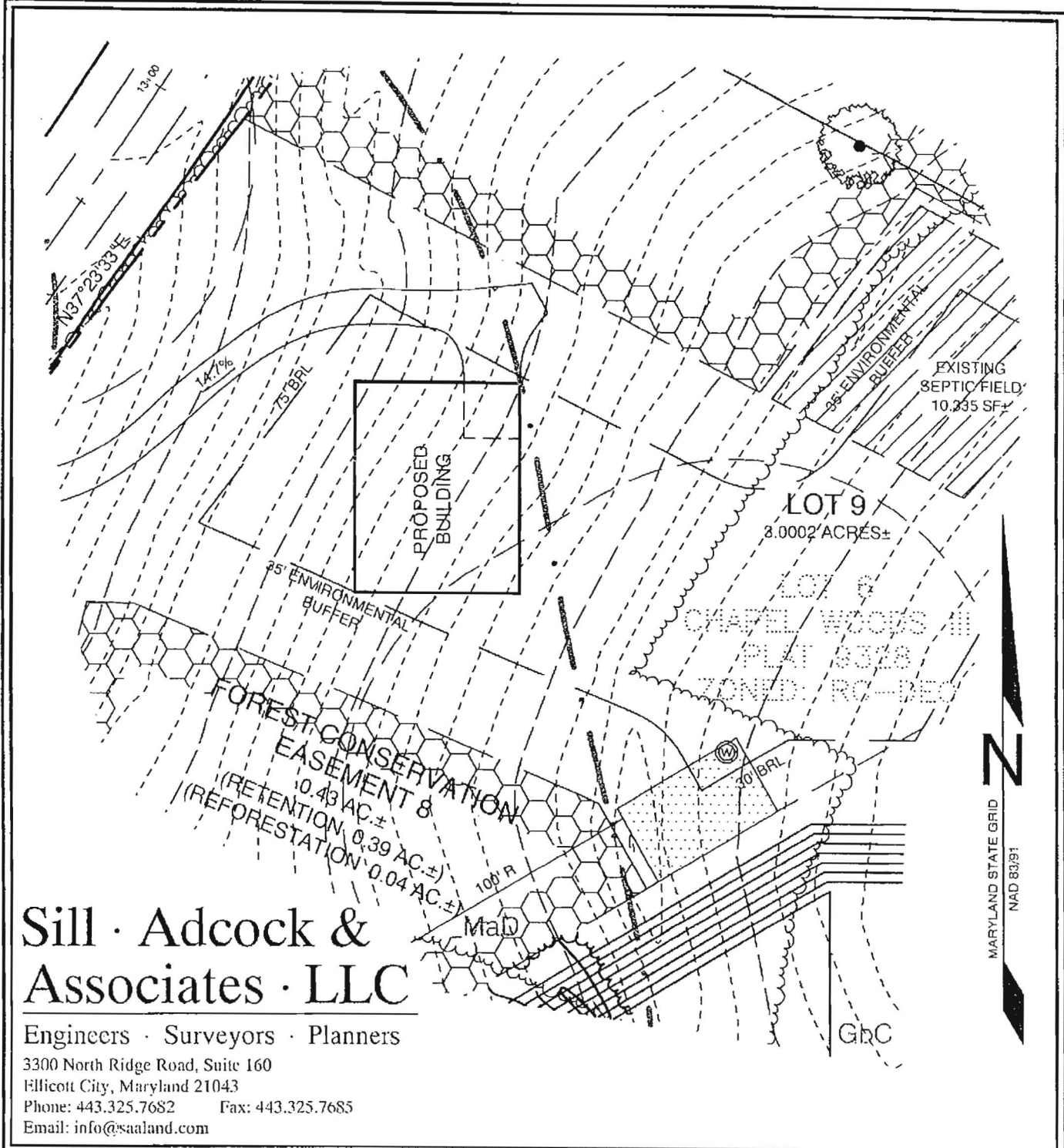
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation [Signature] date 8-5-14

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

Date Insp. Requested: 8/5/14 Date Insp. Approved: 8/5/14 Inspector: [Signature]
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 ✓

* Not Scale OK. see P.C. *



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners
 3300 North Ridge Road, Suite 160
 Bellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

DESIGN BY:	PS
DRAWN BY:	PS
CHECKED BY:	PS
SCALE:	1"=50'
DATE:	OCTOBER 11, 2011
PROJECT #:	09-073
SHEET #:	1 OF 1

WELL PERMIT PLAN

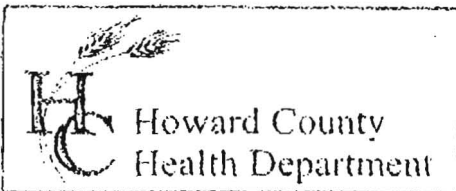
CHAPEL RISE

LOT 9

TAX MAP 29 GRID 13
 5TH ELECTION DISTRICT

PARCEL 26, 282 & 353
 HOWARD COUNTY, MARYLAND

Handwritten notes:
 0/14/11
 Well Box
 OK.
 KW



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

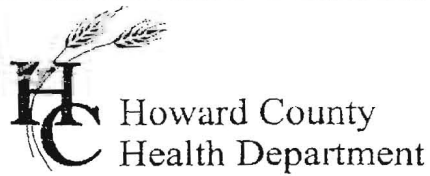
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Sill, Adcock & Assoc,
(professional land surveyor or company employing professional land surveyors)
on 9/30/11 (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 9 Chapel Rise
Bragdon Wood



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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

January 12, 2012

Chapel Rise Ltd.
11795 Bragdon Wood
Clarksville, Maryland 21029

RE: Chapel Rise Lot 9
Bragdon Wood Drive
Well Tag: HO - 95 - 2221

To Whom It May Concern:

A sample was collected during a yield test on December 22, 2011 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 2.9 ± 1.6 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.6 ± 1.9 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **does** appear safe for all uses. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic property file

Send Report To:

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 John M. DeBoy, Dr. P. H., Director

E001279 8213

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: H0952221 No. B: _____ Field Blank Bottle No. 1: _____ No B: _____

Plant/Site Name: Chapel Rise Lod (9) County: Howard

Sample Source: Bayden Wood Dr. - Well Location: H0-95-2221
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: Melinda Scott 9957HS

Telephone No.: 410-313-1771

Date Collected: 12/21/11

Time Collected: _____ a.m. 12¹⁵ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____ pH _____ Chlorine _____

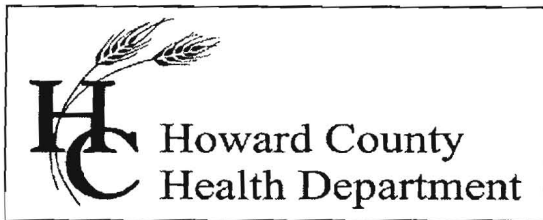
Remarks: sample collected during yield/pH preserved to < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1279	2.9 ± 1.6	12-22-11	12-27-11
✓	Gross Beta	4100	1279	4.6 ± 1.9	12-22-11	12-27-11
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 12/21/11

Supervisor: Melinda Scott

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

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 – May 5, 2015

November 5, 2014

Homeowner
11775 Chapel Estates Drive
Clarksville, MD 21029

**RE: Chapel Estates, Lot 9
11775 Chapel Estates Drive
Building Permit: B13003493
Well Permit: HO-95-2221**

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 **11/5/2014**. Final approval of the well line connection to the dwelling was granted on **8/5/2014**. The well construction was completed on **12/19/2011**. Water samples were collected on **12/22/2011, 10/22/2014 and 10/28/2014**.

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.

Gross Alpha and Beta samples were also collected on **12/22/2011**. Results showed a Gross Alpha level of **2.9 ± 1.6 pCi/L** and **Gross Beta** level of **4.6 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-2221. 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 certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

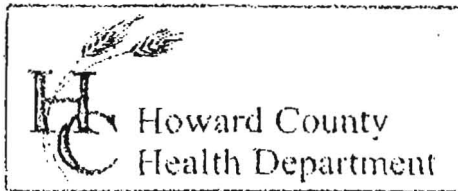
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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



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 Sill, Adeock & Assoc.
(professional land surveyor or company employing professional land surveyors)
on 9/30/11 (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 9 Chapel Rise
Bragdon Wood

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 #: 97267 Account #: 1550
Reference: Chapel Estates Lot 9 Company: Columbia Builders
Location: 11775 Chapel Estates Drive Requested By: Terry Brownley
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/28/2014 1308 Site: Pressure Tank
Date/Time Rec'd: 10/28/2014 1645 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 8.5
Collected By: C. Mooshian 7268CM Well #: HO-95-2221

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/29/2014 / 1100 / CCH
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/29/2014 / 1100 / CCH

REVIEWED
11/5/14 - W.O.

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13003493

Date Reported: 10/29/2014

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 #: 97158 Account #: 1550
Reference: Chapel Estates Lot 9 Company: Columbia Builders
Location: 11775 Chapel Estates Drive Requested By: Terry Brownley
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/22/2014 1130 Site: Pressure Tank
Date/Time Rec'd: 10/22/2014 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 9.1
Collected By: C. Mooshian 7268CM Well #: HO-95-2221

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
X Bacteria, Coliform, Total, MPN	30.6	MPN/ 100 ml	<1.0	SM18 9223	10/23/2014 / 1030 / LLO
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/23/2014 / 1030 / LLO
✓ Nitrate	<1.0	mg/L	10	601	10/22/2014 / 1600 / CCH
✓ Turbidity	1.24	NTU	<10	SM18 2130B	10/22/2014 / 1635 / CCH
✓ Sand	NS	mg/L	5	Visual/Gravimetric	10/22/2014 / 1635 / CCH

Reviewed
11/5/14 - H.O.

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13003493

Date Reported: 10/23/2014