

C1 7180

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 AS22520

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 02 05 09

Depth of Well 2280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1698

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 22.

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.) 170, 20, 280

SCREEN RECORD details: SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH)

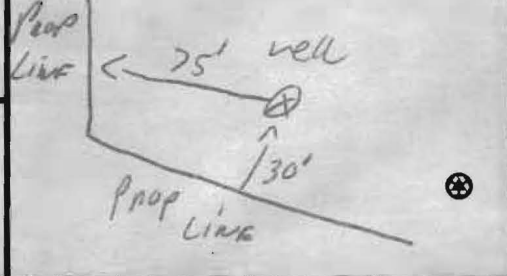
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft., WHEN PUMPING 52 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, - below. LAND SURFACE 2 (nearest foot).

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 M SD 123

DRILLERS SIGNATURE, LIC. NO. 1 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

B 1 0839

SEQUENCE NO. (MDE USE ONLY)

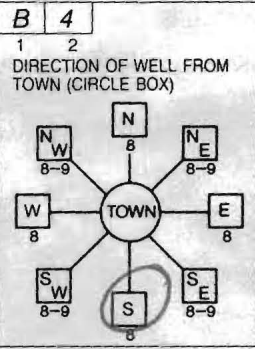
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529593 please type

STATE PERMIT NUMBER HD-95-1698 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 Heritage Realty 15 Last Name Owner First Name 34 1550 W. AVE 36 Street or RFD 55 LISGOW MD. 21765 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 HOWARD 8 COUNTY 21 MERIWETHER FARM 23 SUBDIVISION 42 SECTION 1 44 46 LOT 10 48 50 GLENWOOD Glendy 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION DRILLER'S NAME RAYNE E. MAYNE M SD 119 76 License No. 81 FIRM NAME RAYNE E. MAYNE INC 17024 Handy Rd Wt Gay Md. 21771 Address 2/2/08 9/30/08 Signature Date



DOUBLE BRIDGES Ct 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 45 37 DISTANCE FROM ROAD FT MI 38 39 ENTER FT OR MI TAX MAP: 21 BLK: 21 PARCEL 24

WELL INFORMATION B 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) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

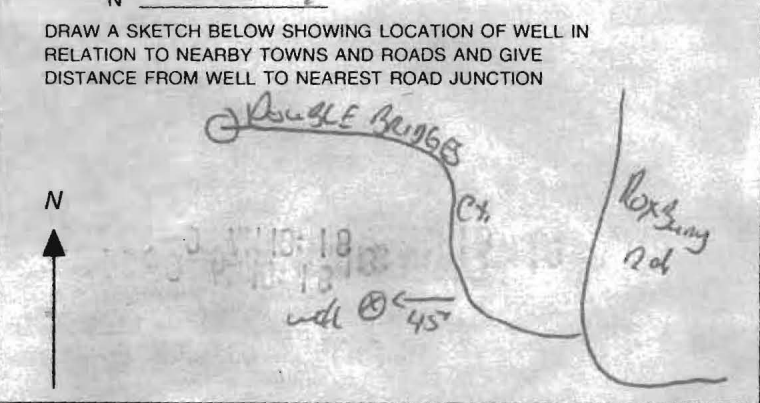
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD AS 22520 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/30/08 STATE SIGNATURE 11/30/09 DATE 41 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 787 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 720 87 000 000 N 520 19 000 000

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) 30 CABLE REVerse-ROtary DRive-POINT 37 other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER EX-HD G PERMIT No. HD-95-1698 70 71 72 73 74 75 76 77 78 79

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

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: Northern Virginia Drilling Telephone #: 703-361-6859
Address: 11356 Industrial Rd.
MANASSAS VA 20109

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

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

Name (Print): JACK MILLER License# MSD216

*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: K. Homanian Homes Telephone #: 240-882-7662
Subdivision: Melweather Farms Lot #: 10 Well Tag #: HO-95-1698
Site Address: 15029 Double Bridges Ct
Glenwood Md 21738

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>FLINT and WALLING</u>	Make: <u>BOSCH</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4F10607-305</u>	Model#: <u>P100SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>

Depth of well encountered at time of pump installation: 280 (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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve(3" minimum from foundation): <u>5'4"</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

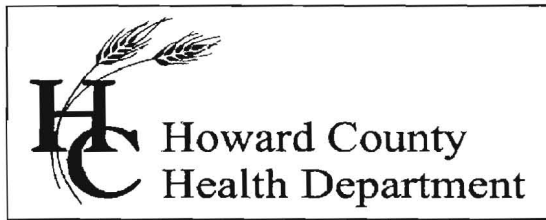
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] : date 6-19-14

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

Date Insp. Requested: 6/23/14 Date Insp. Approved: 6/23/14 Inspector: RL

- 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 Boulevard, Columbia, MD 21045

Main: 410-313-6300 | 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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY **TEMPORARY DEVIATION FOR BACTERIA**

Expiration Date – January 15, 2015

December 19, 2014

William & Hannah Vanderpool
15029 Double Bridges Court
Glenelg, MD 21737

**RE: Meriwether Farm Section 1, Lot # 10
15029 Double Bridges Court
Building Permit: B13003370
Well Permit: HO-95-1698**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **12/19/2014**. Final approval of the well line connection to the dwelling was granted on **6/23/2014**. The well construction was completed on **2/5/2009**. Water samples were collected on **12/15/2014 and 12/18/2014**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**

- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**

- c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland 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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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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 – July 15, 2015

January 15, 2015

Homeowner
15029 Double Bridges Ct
Glenelg, MD 21737

RE: Meriwether Farm, Lot 10
15029 Double Bridges Ct
Building Permit: B13003370
Well Permit: HO-95-1698

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 12/19/2014. Final approval of the well line connection to the dwelling was granted on 6/23/2014. The well construction was completed on 2/5/2009. Water samples were collected on 12/15/2014, 12/18/2014, and 12/30/2014.

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-95-1698. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

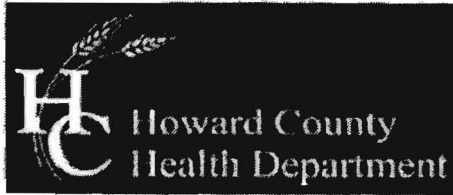
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 black ink, appearing to read 'Jeff Williams', is written over a horizontal line.

Jeff Williams
Program Supervisor
Well & Septic Program



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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 www.hchealth.org
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 Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/17/14 WELL PERMIT #: HO - 95 - 1698

PROPERTY OWNER: William + Hannah Vanderpool
 SUBDIVISION & LOT #: Meriwether Farm 10
 PROPERTY ADDRESS: 15029 Double Bridges Ct
Glenn, Md 21737

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Chlorination along w/ U.V. System

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

install U.V. light to Remove bacteria

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - - will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED** (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - 95 - 1698. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

Mark H. V. [Signature] [Signature]

Prospective Owner's Day Time Phone Number(s)

443 623 6525 _____

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, December 19, 2014 10:53 AM
To: 'Dick Trelease'
Cc: rmccormick@khov.com; tbrickey@khov.com; chris.southern@nvdinc.com; Roxanne.michael@nvdinc.com
Subject: RE: Temp deviation for bacteria
Attachments: REQUEST FOR PERM DEVIATION (BACTERIA).pdf

It looks like we have everything we need. We'll issue a temp deviation good through Jan 15th. Our hope is that the rechlorination will be successful and if not, you will be required to do the alternative chlorination method we discussed. Having until 1/15 will give you time to do those things. If that method is unsuccessful, you will have the homeowners submit the attached request for permanent deviation for bacteria and you would have to submit a passing bacteria test post-uv treatment. Hopefully we don't need to go down that road. If you have passing bacteria tests with no treatment, you will submit those to us and we will give you a regular interim certificate of potability. Thanks
Jeff

From: Dick Trelease [<mailto:dick.trelease@nvdinc.com>]
Sent: Thursday, December 18, 2014 4:03 PM
To: Williams, Jeffrey
Cc: rmccormick@khov.com; tbrickey@khov.com; chris.southern@nvdinc.com; Roxanne.michael@nvdinc.com
Subject: RE: Temp deviation for bacteria

Jeff -

Attached is the form you sent me filled out by the purchaser. Please let me know if there is anything else we need in order to obtain the Temporary Occupancy Certificate.

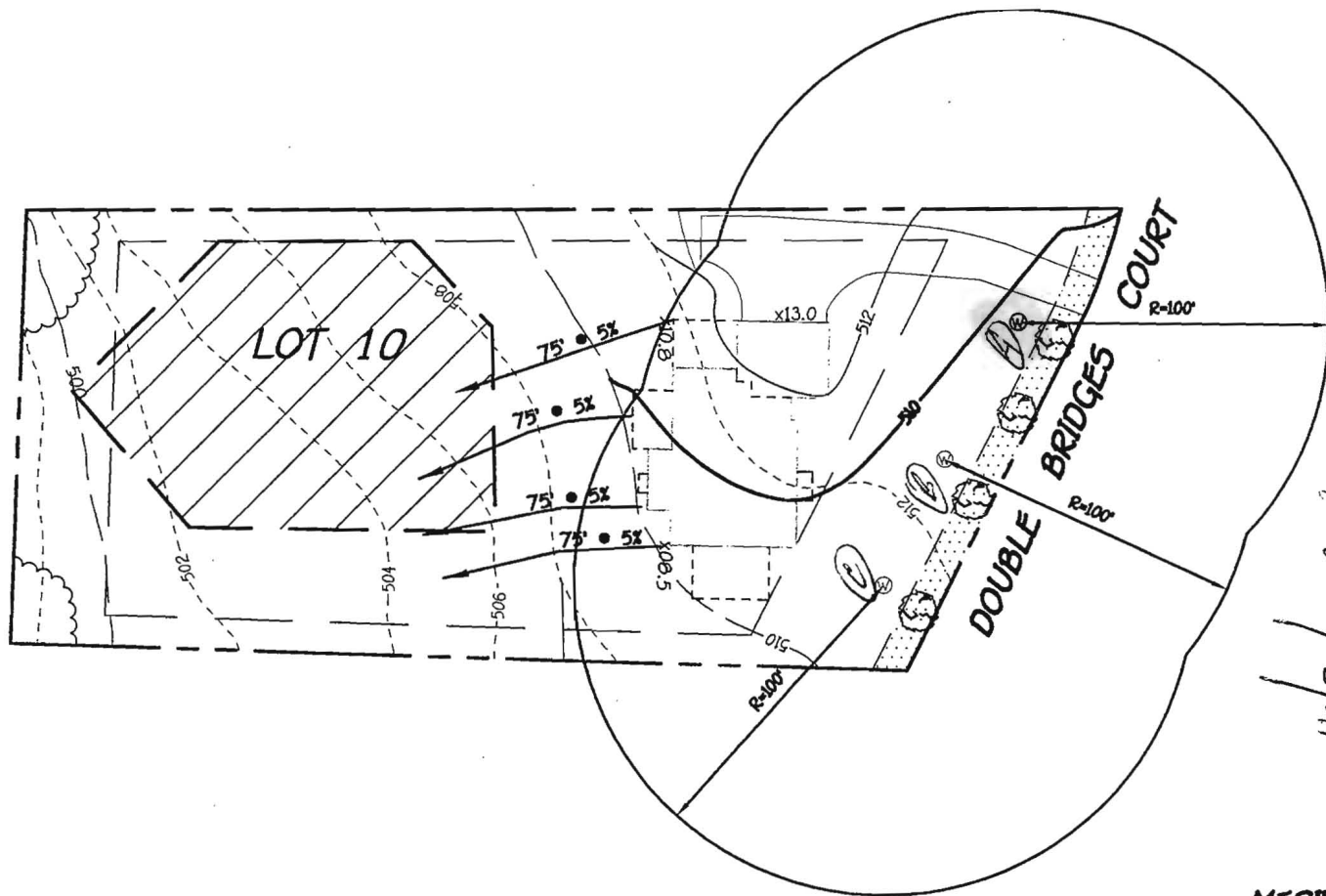
Thank you for your time in completing this request.

Dick Trelease
Project Manager
Northern Virginia Drilling/Geo Services Division
"The Earth Energy Experts"
703/203-2538



From: Williams, Jeffrey [<mailto:jewilliams@howardcountymd.gov>]
Sent: Tuesday, December 16, 2014 12:19 PM
To: dick.trelease@nvdinc.com
Subject: Temp deviation for bacteria

Attached is the form we discussed. Following is the section from the regs regarding the alternative chlorination method.

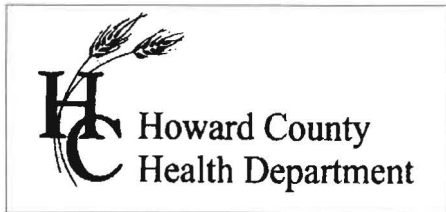


11/30/08 Well Sites OK (SE)

**MERIWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
 LOT 10
 ZONED RC-DEO
 TAX MAP No. 21 GRID No.14, 15, 20 & 21
 PARCEL No. 24
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=60' DATE: OCT. 6, 2008

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Meriwether, Section 1	10	Double Bridges Court
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins & Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on Oct. 7 & 8, 2008 (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 3/11/07

COMAR 26.04.04.07(N)(6):

(6) Disinfection Procedure for Well Which Do Not Respond to the Standard Procedure. If, after testing, the well cannot meet the bacteriological standard of Regulation .09B(3)(a), of this chapter, it shall be chlorinated as in §N(5)(b)(iv) of this regulation. After §N(5)(b)(iv), of this regulation, however a volume of water chlorinated to a concentration of 100 mg/l (see Table 3) and at least equal to the volume of chlorinated, standing water in the well, but not less than 50 gallons, shall be introduced into the well in order to completely displace the volume of chlorinated, standing water and force it out into the water bearing formation. If contamination persists after repeated disinfection, the Approving Authority may require the well to be abandoned and sealed in accordance with Regulation .11 of this chapter.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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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 #: 98252 Account #: 3192
Reference: Meriwether Lot 10 Company: Northern Virginia Drilling
Location: 15029 Double Bridges Court Requested By: Dick Trelease
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 12/15/2014 1350 Site: Powder Room
Date/Time Rec'd: 12/15/2014 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: B. Dutterer 4717BD Well #: HO-95-1698

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	13.7	MPN/ 100 ml	<1.0	SM18 9223	12/16/2014 / 0945 / LLO
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/16/2014 / 0945 / LLO
✓ Nitrate	2.35	mg/L	10	601	12/15/2014 / 1600 / CWM
✓ Turbidity	1.63	NTU	<10	SM18 2130B	12/15/2014 / 1600 / CWM
✓ Sand	NS	mg/L	5	Visual/Gravimetric	12/15/2014 / 1600 / CWM

Reviewed 12/19/14
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 # : B13003370

Date Reported: 12/16/2014

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 #: 98317 Account #: 3192
Reference: Meriwether Lot 10 Company: Northern Virginia Drilling
Location: 15029 Double Bridges Court Requested By: Dick Trelease
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 12/18/2014 1025 Site: Powder Room
Date/Time Rec'd: 12/18/2014 1130 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: B. Dutterer 4717BD Well #: HO-95-1698

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<u>200.5</u>	MPN/ 100 ml	<1.0	SM18 9223	12/19/2014 / 0800 / LLO
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/19/2014 / 0800 / LLO

Reviewed 12/19/14
H.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 # : B13003370

Date Reported: 12/19/2014

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 #: 98416 Account #: 3192
Reference: Meriwether Lot 10 Company: Northern Virginia Drilling
Location: 15029 Double Bridges Court Requested By: Dick Trelease
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 12/30/2014 1210 Site: Powder Room
Date/Time Rec'd: 12/30/2014 1415 Treatment: Neutralizer/Softener/UV Bypassed
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: C. Mooshian 7268CM Well #: HO-95-1698

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/31/2014 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/31/2014 / 0930 / LLO

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 # : B13003370

Date Reported: 1/5/2015