

C 1 7273

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

A 520768

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received

2/27/08

300

HO-95-1334

OWNER: Spring Mill LLC, STREET OR RFD: Goose Chase way, TOWN: Cloverfield, SECTION: 2, LOT: 3

WELL LOG

Not required for driven wells

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 27 NO. OF POUNDS 2538

GALLONS OF WATER 162

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 77 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT

MAIN CASING TYPE: ST, 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 type or open hole

SCREEN RECORD

insert appropriate code below

ST BR HO PL OT

DEPTH (nearest ft.)

Table with 3 columns for depth intervals: 1-8, 9-11, 15-17, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft.

WHEN PUMPING 117 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other 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 (-) below LAND SURFACE 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)

No survey stakes

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. 1 M SD 009

DRILLERS SIGNATURE

LIC. NO. 1 D

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

B 1 8230  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER  
HD-95-1334  
fill in this form completely

527862 please type

Date Received (APA)  
OWNER INFORMATION  
8 MM DD YY 13  
15 Last Name Owner First Name 34  
36 Street or RFD 55  
57 Town 70 State 72 Zip 76  
Spring Mill, LLC  
P.O. Box 417  
Ellicott City Md 21041

DRILLER INFORMATION  
Driller's Name License No. 81  
Firm Name  
Address  
Signature Date  
Allen Compton M S D 009  
Eagles Well Drilling  
5003 Woodbine Rd.  
2-25-08

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

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

APPROXIMATE DEPTH OF WELL 24 28 FEET  
300  
APPROXIMATE DIAMETER OF WELL NEAREST INCH  
6

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
57 CABLE REVerse-ROTary DRive-POINT  
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  
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 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 HD 2407 G 103  
PERMIT No. HD-95-1334  
70 71 72 73 74 75 76 77 78 79

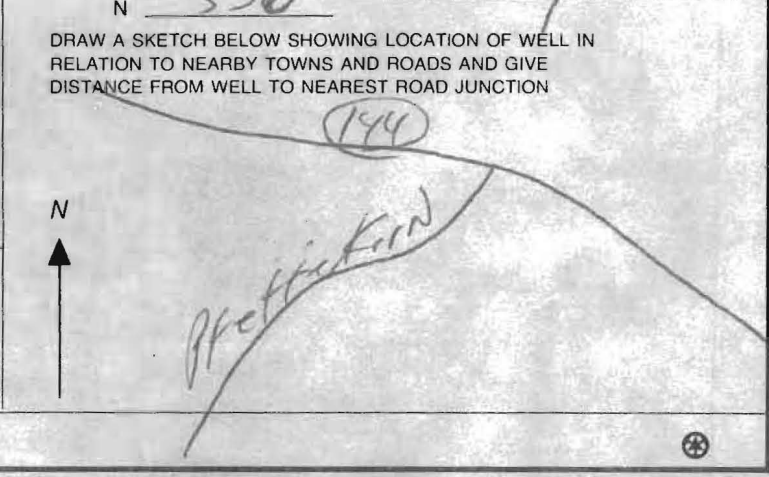
SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL  
B 3  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 73 76 77 78  
Howard  
Cloverfield  
2  
33  
West Friendship  
4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 15 BLK: 7 PARCEL 119  
NORTH  
WEST EAST  
SOUTH  
11 NEAR WHAT ROAD 30  
Goose Chase Way  
Pfeffer Korn Rd.  
34 1000 37  
FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 41  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID EAST GRID  
50 536 000 55 57 802 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1.  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 802  
N 536  
000  
000





B 1 1050

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-1334 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Security Development Corporation P.C. Box 417 Ellicott City Md 21041

B 3

LOCATION OF WELL

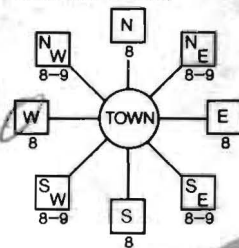
Howard COUNTY Cloverfield Section II SECTION 2 LOT 3 West Friendship NEAREST TOWN MILES FROM TOWN 3

DRILLER INFORMATION

Joseph L Mayne MS D024 Driller's Name License No. Firm Name Address 5511 Ridge Rd Mt. Airy Md 21111 Signature Date 10-15-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hoose Chase Way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 2 PARCEL 119

B 2

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 (3) A520768 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/30/2007 Brian Baker 10/30/2008 CO SIGNATURE EXP/DATE NORTH GRID 536 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

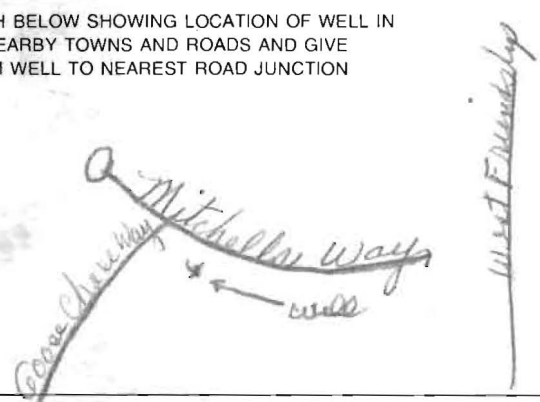
- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 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

N



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

APPROP. PERMIT NUMBER H02007G003 PERMIT No. HO-95-1334

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

# Yield Test Data Sheet

County File # \_\_\_\_\_  
District 2

MD Well Permit # HO-95-1334

Date of Test: 2/27/08

Subdivision Name: Cloverfield

Section 2 Lot # 3

Street Address: Goose Chase way

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:

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)
1:30	<u>23</u> ft.	( ) Time to fill _____ gal. bucket ( ) Flow meter reading (if used)	<u>15</u>
TIME	WATER LEVEL BELOW M.P.		
<b>Water level and pumping rate must be recorded every 15 minutes</b>			
1	1:30	23 ft.	4 15 GPM
2	1:45	115 ft.	6 10 GPM
3	2:00	122 ft.	6 10 GPM
4	2:15	123 ft.	6 10 GPM
5	2:30	124 ft.	6 10 GPM
6	2:45	123 ft.	6 10 GPM
7	3:00	121 ft.	6 10 GPM
8	3:15	119 ft.	6 10 GPM
9	3:30	118 ft.	6 10 GPM
10	3:45	117 ft.	6 10 GPM
11	4:00	117 ft.	6 10 GPM
12	4:15	117 ft.	6 10 GPM
13	4:30	117 ft.	6 10 GPM
14		ft.	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

**NOTES:**

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NOTES:

Pump Start Time	Static Water level: <u>23</u> ft.	Pumping Rate <input type="checkbox"/> Time to fill gal. bucket <input type="checkbox"/> Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
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5	2:30	124 ft.	6 10 GPM
6	2:45	123 ft.	6 10 GPM
7	3:00	121 ft.	6 10 GPM
8	3:15	119 ft.	6 10 GPM
9	3:30	118 ft.	6 10 GPM
10	3:45	117 ft.	6 10 GPM
11	4:00	117 ft.	6 10 GPM
12	4:15	117 ft.	6 10 GPM
13	4:30	117 ft.	6 10 GPM
14		ft.	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 RIVE LLC Telephone #: 410 840 8112  
Address: 25 AIRPORT CT SUITE 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 MAYER License# 03797

\*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: Spring Mill LLC Telephone #: 410 442 2211  
Subdivision: Ploverfield Section 2 Lot #: 3 Well Tag #: HO-75-1334  
Site Address: WEST FRIENDSHIP MD 21794

**Submersible Pump Data**

Make: 3-CLASS  
Model #: 75084-2W  
Pump Capacity: 1 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Complex II  
Model#: \_\_\_\_\_  
Depth: 42 (36" min)  
NSF approved:

**Well Cap and Electric Conduit**

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

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

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 \_\_\_\_\_

**Piping to house**

Type: POLYETHYLENE  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**

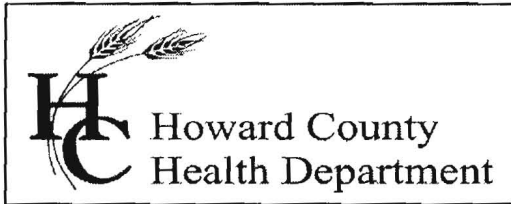
PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 2 ft.  
Sleeve caulked and sealed properly: YES

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]      10/9/14  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/23/15 [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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-2640 | 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](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – DECEMBER 24, 2015**

June 24, 2015

Homeowner  
2507 Goose Chase Way  
West Friendship, MD 21794

**RE: Cloverfield II, Lot 3**  
**2507 Goose Chase Way**  
**Building Permit: B14001220**  
**Well Permit: HO-95-1334**

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 **6/22/2015**. Final approval of the well line connection to the dwelling was granted on **6/23/2015**. The well construction was completed on **2/27/2008**. Water samples were collected on **4/29/2015, 5/14/2015 & 6/19/2015**.

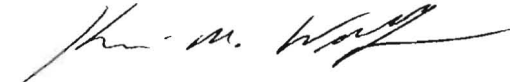
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1334. 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>

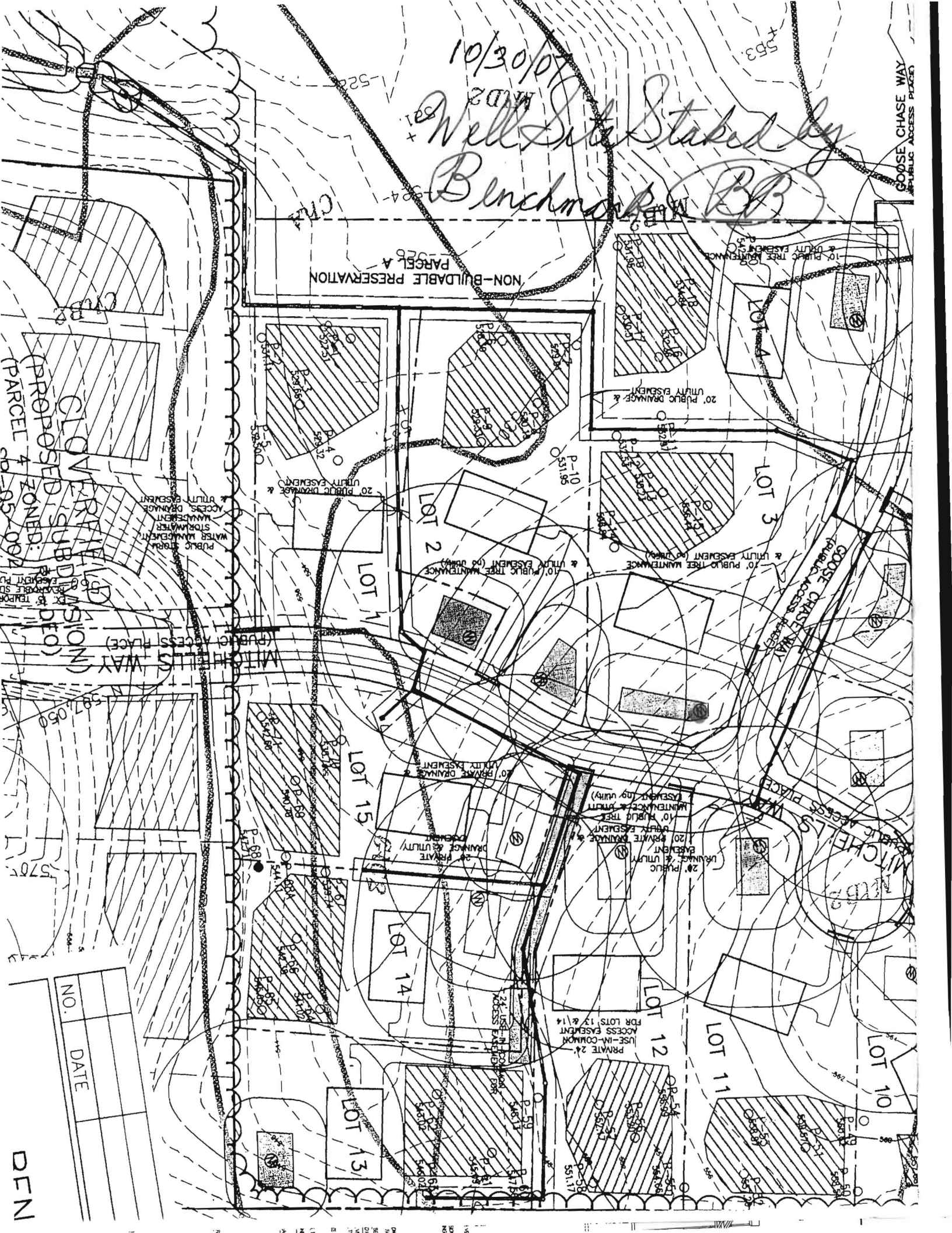
Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", with a long horizontal flourish extending to the right.

Kevin M. Wolf, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

10/30/01  
 Well Site Staked by  
 Benchmark BB



GOOSE CHASE WAY  
 PUBLIC ACCESS PLACED

NON-BUILDABLE PRESERVATION  
 PARCEL A

PROPOSED SUBDIVISION  
 (PARCEL 4 ZONED: R-100)  
 (PARCEL 5 ZONED: R-100)  
 (PARCEL 6 ZONED: R-100)  
 (PARCEL 7 ZONED: R-100)  
 (PARCEL 8 ZONED: R-100)  
 (PARCEL 9 ZONED: R-100)  
 (PARCEL 10 ZONED: R-100)  
 (PARCEL 11 ZONED: R-100)  
 (PARCEL 12 ZONED: R-100)  
 (PARCEL 13 ZONED: R-100)  
 (PARCEL 14 ZONED: R-100)  
 (PARCEL 15 ZONED: R-100)

NO.	DATE

DN

# 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 #: 101442 Account #: 1045  
Reference: Catonsville Homes Lot 3 Company: Atlantic Blue Water Services  
Location: 2507 Goose Chase Way Requested By: Mark Mather  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 6/19/2015 1200 Site: Kitchen Sink  
Date/Time Rec'd: 6/19/2015 1337 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: M. Mather 3480MM Well #: HO-95-1334

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/20/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/20/2015 / 1000 / 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 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Real Estate  
Building Permit # : 14001220

Date Reported: 6/22/2015

# 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 #: 100710 Account #: 1045  
Reference: Catonsville Homes Lot 3 Company: Atlantic Blue Water Services  
Location: 2507 Goose Chase Way Requested By: Mark Mather  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 5/14/2015 1330 Site: Kitchen Sink  
Date/Time Rec'd: 5/14/2015 1555 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: M. Mather 3480MM Well #: HO-95-1334

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	5/15/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/15/2015 / 1030 / LLO
Nitrate	3.71	mg/L	10	601	5/15/2015 / 1130 / CCH
Turbidity	2.99	NTU	<10	SM18 2130B	5/15/2015 / 1100 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	5/15/2015 / 1100 / CCH

Fail

### 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 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Real Estate

Date Reported: 5/15/2015

# 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 #: 100355 Account #: 1045  
Reference: Catonsville Homes Company: Atlantic Blue Water Services  
Location: 2507 Goose Chase Way Requested By: Mark Mather  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 4/29/2015 1030 Site: Kitchen Sink  
Date/Time Rec'd: 4/29/2015 1550 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: M. Mather 3480MM Well #: HO-95-1334

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	4/30/2015 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/30/2015 / 1000 / CCH
Nitrate	3.47	mg/L	10	601	4/29/2015 / 1800 / CRS
Turbidity	2.16	NTU	<10	SM18 2130B	4/29/2015 / 1815 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/30/2015 / 1030 / CCH

Fail

### 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 Sample collected by client, analyzed as received
- 8 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : 14001220

Date Reported: 4/30/2015

