

C1 7128

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 AS20768

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 3 6 08

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1344

OWNER last name Spring mill LLC first name mitchells way TOWN West Friendship SUBDIVISION Clouse-Setal SECTION 2 LOT 13

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: Red clay (0-4), Brown shale (4-71), Gray Limestone (71-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 7780 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 67 BOTTOM 58 ft.

CASING RECORD

screen types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 75

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to. Rows for E, A, C, H, S, I, N, G.

SCREEN RECORD

screen type or open hole (insert appropriate code below) (ST) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE 1, 2, 3 and 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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 8 9 PUMPING RATE (gal. per min.) 15 11 15 METHOD USED TO MEASURE PUMPING RATE 1966. WATER LEVEL (distance from land surface) BEFORE PUMPING 43 17 20 ft. WHEN PUMPING 80 22 25 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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 36 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 states

DRILLERS LIC. NO. 1 M S D 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 5667

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-1344

fill in this form completely

527800

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Spring Mill LLC

15 Last Name Owner First Name 34

P.O. BOX 417

36 Street or RFD 55

Ellicott City MD 21041

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Cloverfield II 42

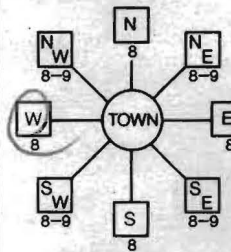
SECTION 2 LOT 13

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 4 M I 78 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1000 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 7 PARCEL 119

DRILLER INFORMATION

Allen Complex MS D009

Fogles Well Drilling

6003 Woodbine rd.

Signature Date 2-25-08

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 AS26768

COUNTY NAME COUNTY NO. STATE SIGNATURE

DATE ISSUED 2/26/08

CO SIGNATURE EXP. DATE

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)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary 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
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) 41 52

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

APPROP. PERMIT NUMBER HD 2007 GAP 003

PERMIT No. HD-95-1344

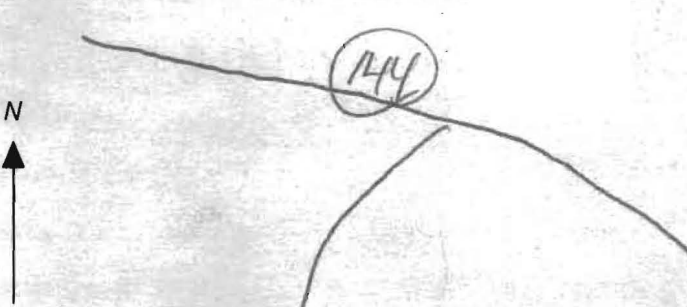
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002 N 536

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



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

1 2 3 4 5 6 7 8
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 FILL IN THIS FORM COMPLETELY PLEASE TYPE
 COUNTY NUMBER AS20768

ST/CO USE ONLY DATE Received MM DD YY
 DATE WELL COMPLETED 3 6 08 Depth of Well 300 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1314
 8 13 16 20 22 26 28 29 30 31 32 33 34 35 36 37

OWNER Springs Mill LLC
 STREET OR RFD matched's way TOWN West Friendship
 SUBDIVISION Clouet's Sub SECTION 2 LOT 13

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Red clay	0	4	
Brown shale	4	71	
Gray Limestone	71	300	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 NO. OF BAGS 19 NO. OF POUNDS 4786
 GALLONS OF WATER 114
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 67 ft.
 (enter 0 if from surface)

CASING RECORD
 casing type insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 75
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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.: MSD 009
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

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

DEPTH (nearest ft.)

E	8	9	11	15	17	21
A						
C	23	24	26	30	32	36
H						
S	38	39	41	45	47	51
R						
E						
N						

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W O
 70 72 74 76 78
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 03
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE 1966
 WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 80 ft.
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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) F 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)

No Survey stakes

Yield Test Data Sheet

County File # _____

District 2

MD Well Permit # HO-95-1344

Date of Test: 3-6-08

Subdivision Name: Clower Sealed

Section _____ Lot # 13

Street Address: Mitchells 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: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)
8:00	43 ft.	() Time to fill _____ gal. bucket: () Flow meter reading (if used)	20
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1 8:00	43 ft.	3	20 GPM
2 8:15	80 ft.	4	15 GPM
3 8:30	80 ft.	4	15 GPM
4 8:45	80 ft.	4	15 GPM
5 9:00	80 ft.	4	15 GPM
6 9:15	80 ft.	4	15 GPM
7 9:30	80 ft.	4	15 GPM
8 9:45	80 ft.	4	15 GPM
9 10:00	80 ft.	4	15 GPM
10 10:15	80 ft.	4	15 GPM
11 10:30	80 ft.	4	15 GPM
12 10:45	80 ft.	4	15 GPM
13 11:00	80 ft.	4	15 GPM
14 11:15	80 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

B 1	1025	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER 40-95-1344
1 2 3 6			527862 please type	70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Security Development Corporation 34

36 Street or RFD P.O. Box 417 55

57 Town Ellicott City, Md 70 State Md 72 Zip 21041 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Cloverfield Section II 42

SECTION 2 44 46 LOT 13 48 50

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 3 73 M I 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne 76 License No. MS D024 81

Firm Name Joseph & Mayne Well Drilling

Address 5512 Ridge Rd Mt. Airy Md 21771

Signature Joseph & Mayne 10-15-07 Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Mitchells Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 430 37 DISTANCE FROM ROAD ET 38 39

ENTER FT OR MI

TAX MAP: 15 BLK: 7 PARCEL 119

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520768

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 10/30/2007 Brian Baker 10/30/2008

43 MM DD YY 48 CO SIGNATURE EXP/DATE

NORTH GRID 536 000 EAST GRID 802 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802

N 536

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROtary JETTED AIR-PERcussion ROTARY (Hydraulic Rotary)

30 CABLE REVerse-ROtary DRive-POINT

37 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

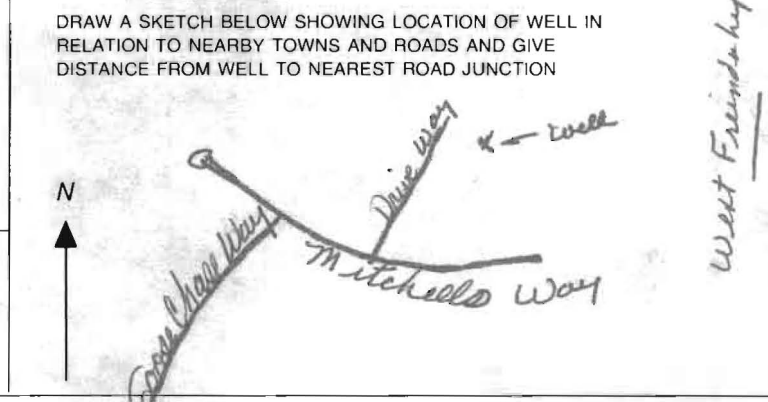
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____



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

APPROX. PERMIT NUMBER H02007G003

PERMIT No. HO-95-1344

GOOSE CHASE WAY
PUBLIC ACCESS EASEMENT

10/30/01
Well Site Staked
by Benchmark

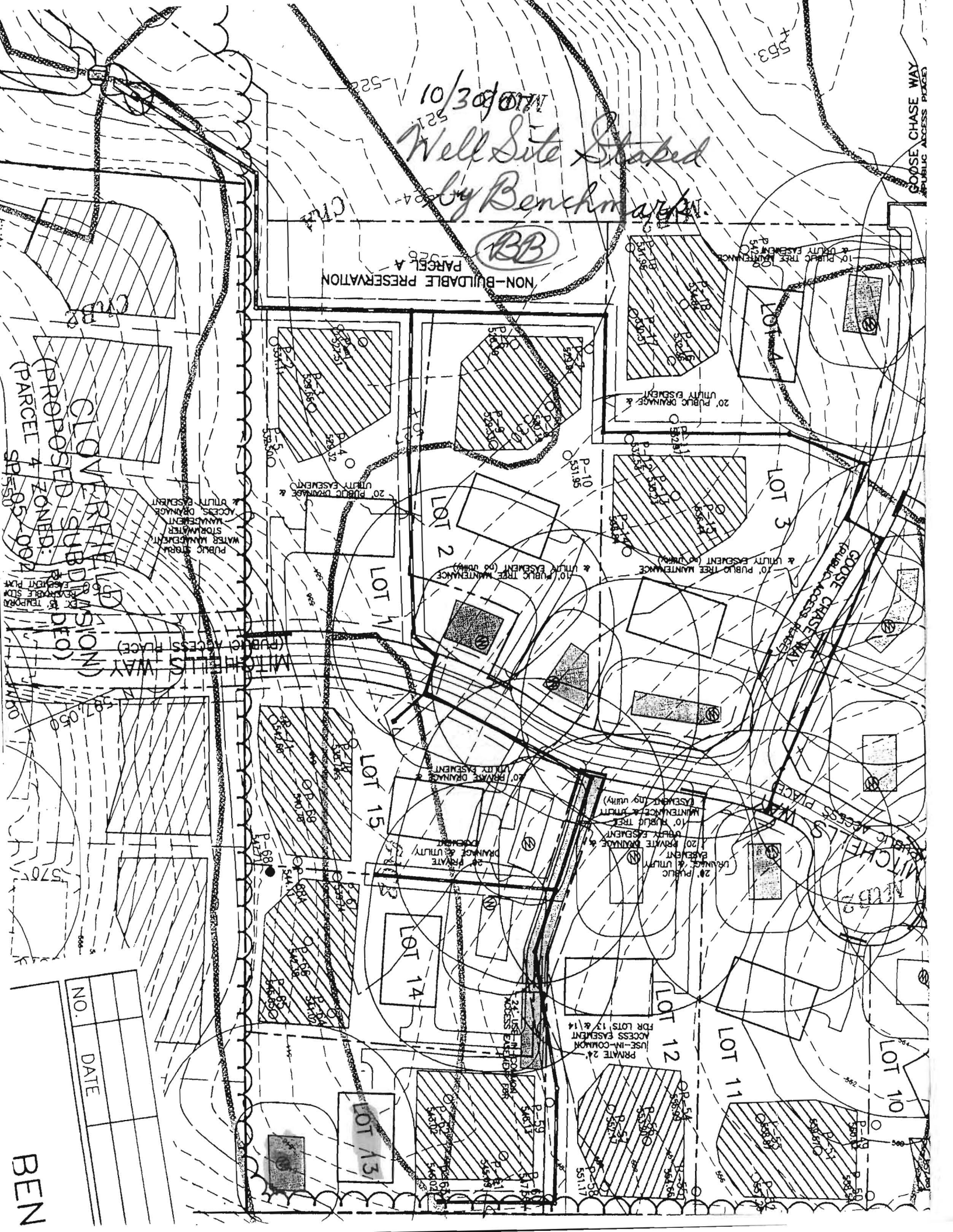
NON-BUILDABLE PRESERVATION
PARCEL A

BB

CLONWATER
(PROPOSED SUB DIVISION)
(PARCEL 4 ZONED:
SP-550)

NO.	DATE

BEN



**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: 75 ARLINGTON 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): MARLE MATHEW 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: CATONSVILLE HOMES Telephone #: 410-442-2211
Subdivision: CLAYFIELD TR Lot #: 13 Well Tag #: HO - ~~75-1344~~ 95-1344 ✓
Site Address: 13596 MITCHELLS WAY
WESTMINSTER MD 21157

Submersible Pump Data

Make: JCLMCC
Model #: 7550754
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: CAMPBELL
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: 300(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: 287
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 of company representative responsible for installation: [Signature] date: 6/30/15

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

Date Insp. Requested: 7/2/15 Date Insp. Approved: 7/2/15 SC
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 ✓

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 #: 102912 Account #: 1045
Reference: Catonsville Homes Lot 13 Company: Atlantic Blue Water Services
Location: 13596 Mitchell's Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 9/2/2015 1200 Site: Well Tank
Date/Time Rec'd: 9/2/2015 1536 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.0
Collected By: M. Mather 3480MM Well #: HO-95-1344 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/3/2015 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/3/2015 / 1130 / BCD
Nitrate	<1.0 ✓	mg/L	10	601	9/2/2015 / 1620 / CRS
Turbidity	5.66 ✓	NTU	<10	SM18 2130B	9/2/2015 / 1645 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	9/2/2015 / 1645 / CRS

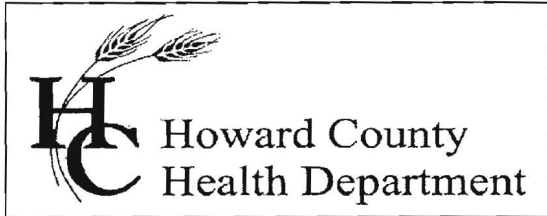
OK! RB
9/9/2015

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 : Use & Occupancy
Building Permit # : B14004604

Date Reported: 9/3/2015



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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 9, 2016

September 9, 2015

Homeowner
13596 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 13
13596 Mitchells Way
Building Permit: B14004604
Well Permit: HO-95-1344**

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 **9/4/2015**. Final approval of the well line connection to the dwelling was granted on **7/2/2015**. The well construction was completed on **3/6/2008**. Water samples were collected on **9/2/2015**.

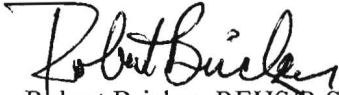
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1344. 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 "Robert Bricker". The signature is written in a cursive style with a large initial "R".

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

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