

C1 3765

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.

COUNTY NUMBER A520074-B

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3997

OWNER: April Prop, STREET OR RFD: 1676 Woodstock Rd, TOWN: Woodstock, SUBDIVISION: Parcel 2, SECTION: 12/19/50, LOT:

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray Limestone, Brown, Gray Limestone, Brown, Gray Limestone, Dryholes cement cuttings, Cement cuttings.

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, ST, CO, OT), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

Table with columns: C 2, DEPTH (nearest ft.), A, B, C, R, E, S, E, N, SLOT SIZE, DIAMETER OF SCREEN

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min.) 5.4, METHOD USED TO MEASURE PUMPING RATE 199L, WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft., WHEN PUMPING 51 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 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)

see plot plan for well and dryholes

DRILLERS LIC. NO.: M SD009

DRILLERS SIGNATURE

LIC. NO.: D

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

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

B 1 2736  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
WS20774 please type

STATE PERMIT NUMBER

HV-94-3997  
70 fill in this form completely 79

Date Received (APA)  
07/12/04  
8 MM 00 YY 13

OWNER INFORMATION

Forty West Builders  
3230 Bethany Lane Suite 1  
Ellicott City Md 21042

B 3

LOCATION OF WELL

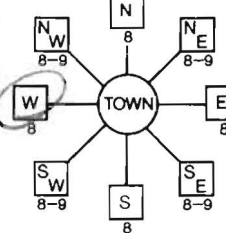
Howard  
Tra + Helen Ayers Property  
2nd Parcel  
Woodstock  
6 MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Allen Compton MS D 009  
Fogles Well Drilling  
580 Obrecht Rd  
7-9-04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodstock Rd  
1100 FT  
TAX MAP: 10 BLK: 18 PARCEL 50

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5  
AVERAGE DAILY QUANTITY NEEDED 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 1-20074-B  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 8/1/04 CO SIGNATURE EXP. DATE 4/1/15  
NORTH GRID 834 000 EAST GRID 544 000

APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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 DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 540/4  
N 838/4

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



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

APPROP PERMIT NUMBER G  
PERMIT No. HV-94-3997

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: Shelton Plumbing Telephone #: 410 775-2127  
Address: 1713 Green Valley Rd  
Union Bridge, MD 21791

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

License # and name of individual responsible for the field installation:  
Name (Print): George Shelton, Jr. License# 11905

\*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: Woodstock Land Co. Telephone #: 410 418-8920  
Subdivision: \_\_\_\_\_ Lot #: 2 Well Tag #: HO-94-3997  
Site Address: 1102 Woodstock Rd.  
Woodstock, MD 21163

**Submersible Pump Data**

Make: Grundfos  
Model #: 5627422  
Pump Capacity: \_\_\_\_\_ GPM  
Well Yield: 3.4 GPM

**Pitless Adapter**

Make: Pasport  
Model #: PA8055  
Depth: 24" (36" min)  
NSF/WSC 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, 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**

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

**House Connection**

PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve (5' minimum from foundation): 10'  
Sleeve sealed properly:

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

Signature of company representative responsible for installation: \_\_\_\_\_ date: 1-14-16

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(**Must circle one**) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94 - 3997  
Site Address: 1720 Woodstock Rd.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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: \_\_\_\_\_ (feet)  
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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

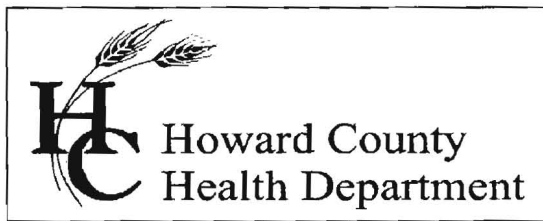
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 9/17/15 Date Insp. Approved: 9/17/15 Inspector: SC  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter





Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | 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 – June 14, 2016**

January 14, 2016

Homeowner  
1720 Woodstock Road  
Woodstock, MD 21063

**RE: Lot 2**  
**1720 Woodstock Road**  
**Building Permit: B15001673**  
**Well Permit: HO-94-3997**

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 **1/14/2016**. Final approval of the well line connection to the dwelling was granted on **09/17/2015**. The well construction was completed on **8/21/2004**. Water samples were collected on **12/12/2015**.

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.

Gross Alpha and Beta samples were also collected on **12/03/2015**. Results showed a Gross Alpha level of **3.8 ± 0.0 pCi/L** and **Gross Beta** level of **6.6 ± 0.0 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-94-3997. 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,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, L.E.H.S., R.E.H.S.  
Groundwater Management Section  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 104478 Account #: 1935  
Reference: Lot 2 - Spec House Company: Forty West Builders  
Location: <sup>1780</sup> 1682 Woodstock Road Requested By: John Walker  
Woodstock, MD 21163 Source: Well Water  
Date/ Time Collected: 11/30/2015 1042 Site: Basement Utility Sink  
Date/Time Rec'd: 11/30/2015 1344 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Yeager 6176JY Well #: HO-94-3997

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	3.8	pCi/L	15	900.0	12/3/2015 / 0953 / MJN
Gross Beta, Short Term	6.6	pCi/L	50	900.0	12/3/2015 / 0953 / MJN

OK

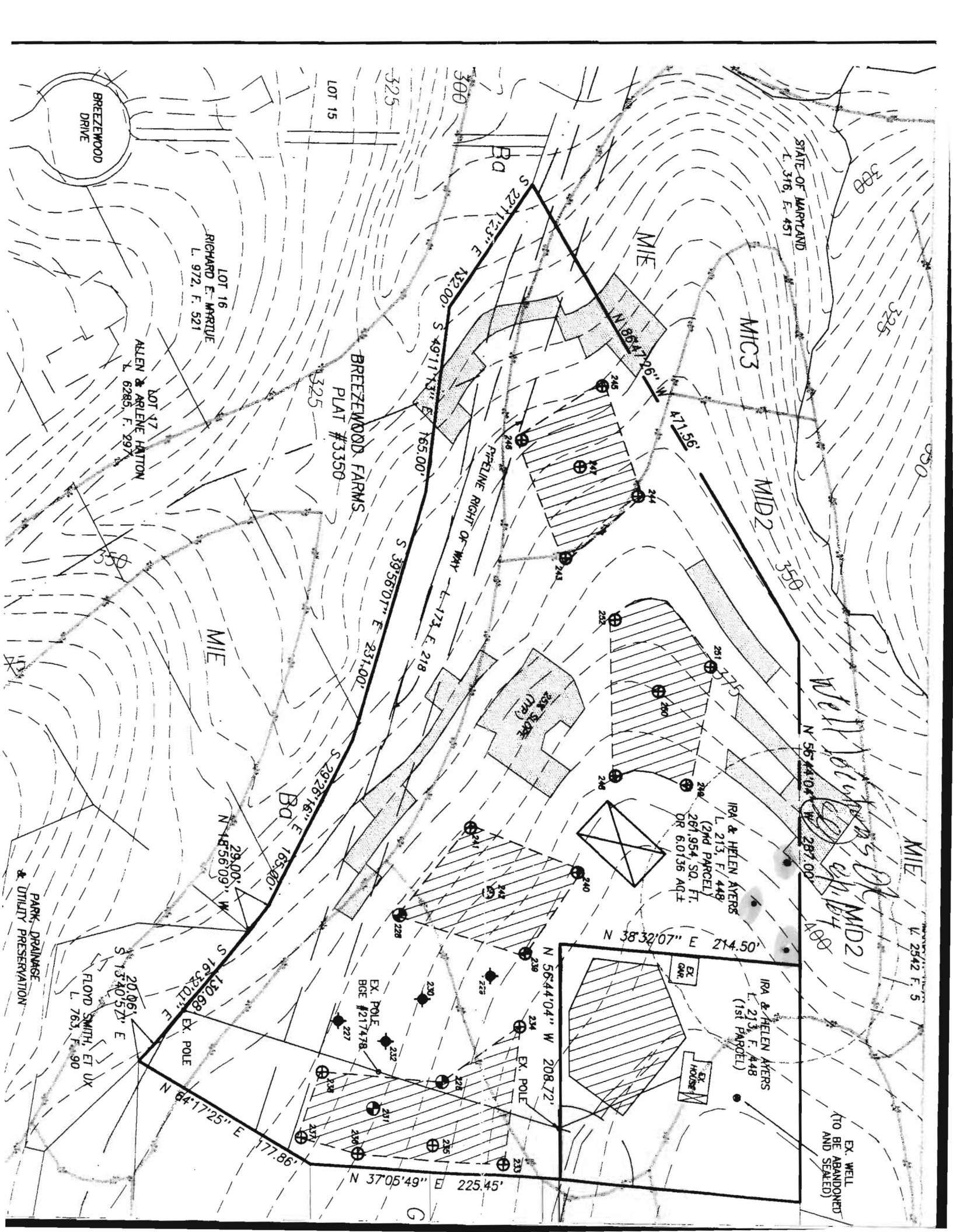
### NOTES

- 1 Gross Alpha Detection Limit: 1.2 pCi/L; Gross Beta Detection Limit: 2.1 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B15001673

Date Reported: 12/4/2015



STATE OF MARYLAND  
L. 316, E. 451

BREEZEWOOD  
DRIVE

LOT 16  
RICHARD E. MARLUE  
L. 972, F. 521

LOT 17  
ALLEN & ARLENE HATTON  
L. 6285, F. 297

BREEZEWOOD FARMS  
PLAT #3350

MHC3

MID2

*Well located on Mid 2*

IRA & HELEN AYERS  
(2nd PARCEL)  
L. 213, F. 448  
DR. 261,954 SQ. FT.  
OR 6,0136 AC±

IRA & HELEN AYERS  
(1st PARCEL)  
L. 213, F. 448

PARK, DRAINAGE  
UTILITY PRESERVATION

FLOYD SMITH, ET UX  
L. 763, F. 90

EX. WELL  
(TO BE ABANDONED  
AND SEALED)

N 37°05'49" E 225.45'

N 56°44'04" W 208.72'

N 38°32'07" E 214.50'

N 14°56'09" W 29.00'

S 29°28'16" E 165.40'

S 39°56'07" E 231.00'

L 173. E 218

F-ELINE RIGHT OF WAY

S 49°11'43" E 165.00'

S 22°11'23" E 182.00'

N 17°15'6"

N 86°47'36" W

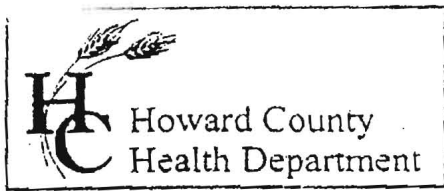
MIE

MIE

MIE

L. 2542 F. 5

G



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 Van Mar Associates,  
(professional land surveyor or company employing professional land surveyors)  
on 7-9-04 (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

# 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 #: 104168 Account #: 1935  
Reference: Lot 2 - Spec House Company: Forty West Builders  
Location: 1682 Woodstock Road Requested By: John Walker  
Woodstock, MD 21163 Source: Well Water  
Date/ Time Collected: 11/11/2015 1039 Site: Basement Utility Tap ✓  
Date/Time Rec'd: 11/11/2015 1227 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Yeager 6176JY Well #: HO-94-3997

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	11/12/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/12/2015 / 1015 / LLO
Nitrate	5.40 ✓	mg/L	10	601	11/11/2015 / 1345 / CRS
Turbidity	1.75 ✓	NTU	<10	SM18 2130B	11/11/2015 / 1410 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	11/11/2015 / 1410 / CRS

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

Reason for Test : Use & Occupancy  
Building Permit # : B15001673

Date Reported: 11/12/2015

# 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 #: 104697 Account #: 1935  
Reference: Lot 2 - Spec House Company: Forty West Builders  
Location: 1682 Woodstock Road Requested By: John Walker  
Woodstock, MD 21163 Source: Well Water  
Date/ Time Collected: 12/11/2015 1040 Site: Basement Utility Tap  
Date/Time Rec'd: 12/11/2015 1250 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: J. Yeager 6176JY Well #: HO-94-3997

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	22.8	MPN/ 100 ml	<1.0	SM18 9223	12/12/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/12/2015 / 1015 / 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 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B15001673

Date Reported: 12/14/2015

# 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 #: 104978 Account #: 1935  
Reference: Lot 2 - Spec House Company: Forty West Builders  
Location: 1682 Woodstock Road Requested By: John Walker  
Woodstock, MD 21163 Source: Well Water  
Date/ Time Collected: 12/31/2015 1040 Site: Basement Laundry Sink  
Date/Time Rec'd: 12/31/2015 1205 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J.M. Robbins 5606JR Well #: HO-94-3997

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/1/2016 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/1/2016 / 1000 / LLO

OK

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

Reason for Test : Use & Occupancy  
Building Permit # : B15001673

Date Reported: 1/4/2016

# 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 #: 104477 Account #: 1935  
Reference: Lot 2 - Spec House Company: Forty West Builders  
Location: 1682 Woodstock Road Requested By: John Walker  
Woodstock, MD 21163 Source: Well Water  
Date/ Time Collected: 11/30/2015 1042 Site: Basement Utility  
Date/Time Rec'd: 11/30/2015 1344 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Yeager 6176JY Well #: HO-94-3997

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	12/1/2015 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/1/2015 / 1000 / BCD

Fail

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

Reason for Test : Use & Occupancy

Building Permit # : B15001673

Date Reported: 12/1/2015