C 1 | 34854 | SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM 08 DD 03 YY 16 (8–13)

DATE WELL COMPLETED MM 6 DD 20 YY 16 (15–20)

Depth of Well 22 360 26 (TO NEAREST FOOT)

OK 3/15/17 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-15-0251 (28–37)

OWNER Donna Danner (last name / first name)

WELL SITE ADDRESS 7077 Mink Hollow Rd TOWN Highland

SUBDIVISION ____ SECTION ____ LOT ____

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 FROM	FEET TO	check if water bearing
Light to Dark Brown Mica	0	55	
Grey Schist	55	295	
White	295	296	✓
Grey Schist	296	360	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [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.: M D 0015

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: ___ D ___

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 43 NO. OF POUNDS 9042

GALLONS OF WATER 258

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 78 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE (60 61)	Nominal diameter top (main) casing (nearest inch)! (63 64)	Total depth of main casing (nearest foot) (66 70)
ST	06	80

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN		from (8 9 / 11 15)	to (17 21)
1	HO	80	360
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

	from	to
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		(68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 8.5 (11 15)

METHOD USED TO MEASURE PUMPING RATE Jet

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 (17 20) ft.

WHEN PUMPING 161 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

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)

[+] (49) above [−] (49) below LAND SURFACE

02 (nearest foot) (50 51)

LATITUDE 39.173292

LONGITUDE 76.989535

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryand Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the pulic and other governmental agencies, if not protected by federal or state law.

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 29467 (1 2 3 6) — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

558721

STATE PERMIT NUMBER: Ho-15-0251 (70 79)

fill in this form completely

Date Received (APA): 5/18/16 (8 MM DD YY 13)

OWNER INFORMATION

Danner Donna (15 Last Name Owner First Name 34)

P.O. Box 365 (36 Street or RFD 55)

Highland Md. 20777 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Allen Compton MSD009 (Driller's Name 76 License No. 81)

Fooks Well Drilling, LLC (Firm Name)

P.O. Box 202 Woodbine, Md 21797 (Address)

5-18-16 (Signature Date)

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 [I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[O] OPEN LOOP GEOTHERMAL
[C] CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 ___ - ___ - ___ 52

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

APPROP. PERMIT NUMBER ---G---

PERMIT No. HO-15-0251 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

23 SUBDIVISION 42

SECTION (44 46) LOT (48 50)

Highland (52 NEAREST TOWN 71)

B 4

SOURCES OF DRILLING WATER
1. Water Well
2.
3.

7077 Mink Hollow Rd (11 STREET ADDRESS 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (N) (W) (E) (S) NORTH WEST EAST SOUTH

34 800 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 8 PARCEL: 357

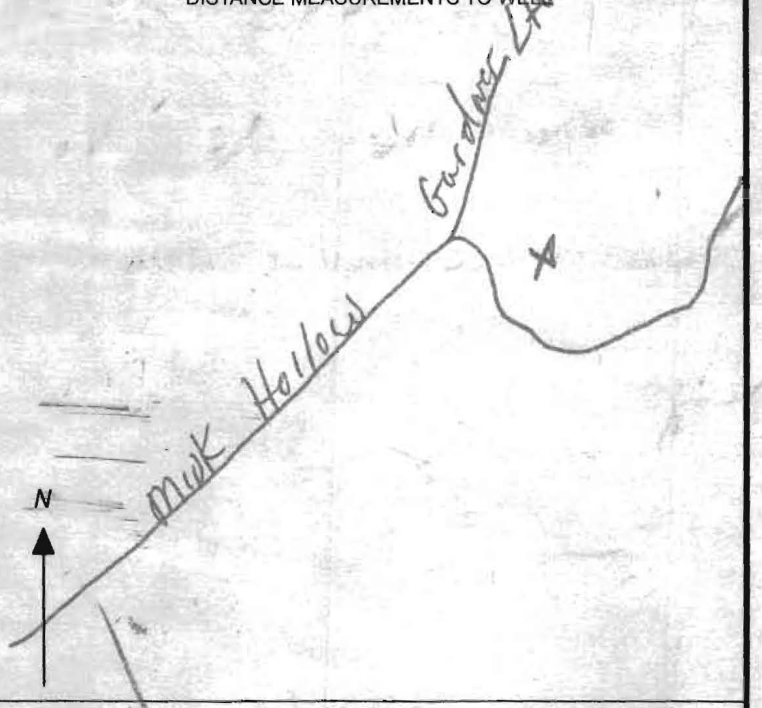
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A558050 (COUNTY NAME COUNTY NO.)

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 5/27/2016 (43 MM DD YY 48) Brian Baker (CO SIGNATURE) 5/27/2017 (EXP. DATE)

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

MDE/WMA/PER.071

② COUNTY

Date: June 20, 2016

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

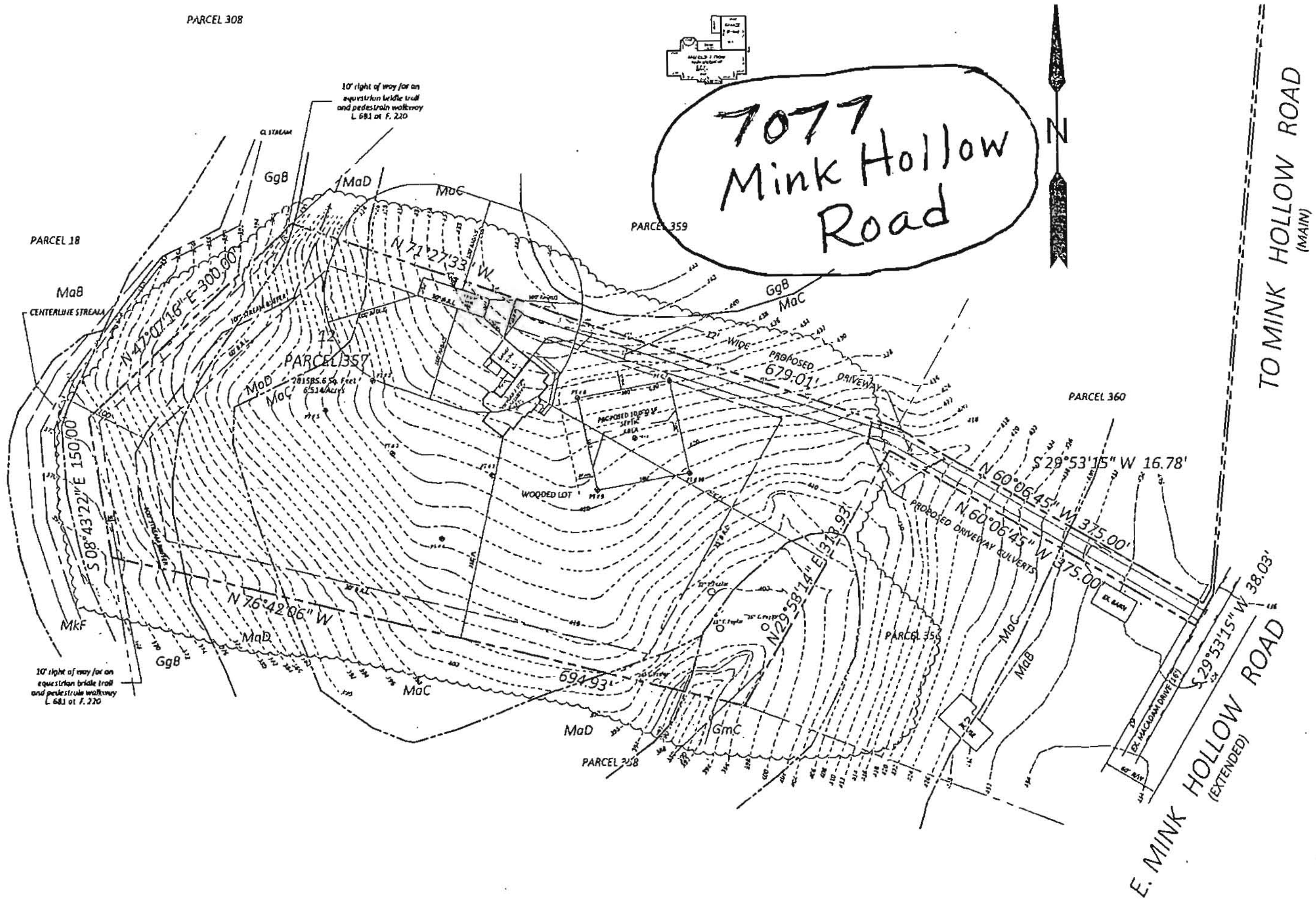
Well Permit No. HO-15-0251
Location of Property: 7077 Mink Hollow Rd Highland, Md
Subdivision: _____ Lot: ___
Well Driller: Fogles Allen Compton Owner: Donna Danner

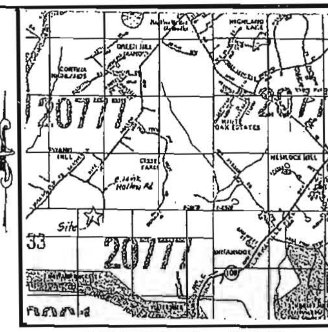
Depth of Well: 360'
Distance of measuring point (M.P.) above ground: 2'
Static water level (S.W.L.) below M.P.: 42'
High rate pumping –reservoir Drawdown
Time pump started: 8:15 Pumping rate: 15
Total time 75 Mins to reach pumping water level 161' ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	42'	4 Seconds		15 gpm
8:30	71'	4		15 gpm
8:45	111'	5 Seconds		12 gpm
9:00	128'	5		12 gpm
9:15	145'	5		12 gpm
9:30	161'	7 Seconds		8.5 gpm
9:45	161'	7		8.5 gpm
10:00	161'	7		8.5 gpm
10:15	161'	7		8.5 gpm
10:30	160'	7		8.5 gpm
10:45	160'	7		8.5 gpm
11:00	160'	7		8.5 gpm
11:15	160'	7		8.5 gpm
11:30	160'	7		8.5 gpm
11:45	160'	7		8.5 gpm
12:00	160'	7		8.5 gpm
12:15	160'	7		8.5 gpm
12:30	160'	7 Seconds		8.5 gpm

LEGEND





VICINITY MAP

SCALE: 1"=2000'

COPYRIGHT: A.D.C., "THE MAP PEOPLE" PERMITTED USE No 20492158

GENERAL NOTES:

1. SITE ZONED: R-R DEO.
2. AREA OF SITE: 281,586 SF OR 6.50 ACRES
3. SITE IS LOCATED ON TAX MAP 40, GRID 08, PARCEL 357.
4. SITE IS LOCATED ON ADC MAP PAGE 18, GRID 9-C.
5. PROPERTY ACCOUNT NUMBER: 353238.
6. WATER AND SEWER IS TO BE PRIVATE.
7. OWNER: WHITE, DOUGLAS C TRUSTEE
   17705 HOLLINGSWORTH DRIVE
   ROCKVILLE, MD 20855
8. DEVELOPER/APPLICANT:
   DANNER DEVELOPMENT
   DENNIS DANNER
   6583 HIGHLAND CT.
   HIGHLAND, MD 20777
   240-375-4934
9. PROPERTY DESCRIPTION: DEED LIBER 669 AT FOLIO 287.
10. ANY CHANGES TO A PRIVATE SEWER EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
11. ALL WELLS ARE TO BE DRILLED PRIOR TO PERMIT ISSUANCE. IT IS THE DEVELOPERS RESPONSIBILITY TO SCHEDULE WELL DRILLING PRIOR TO PERMIT ISSUANCE. IT WILL NOT BE CONSIDERED GOVERNMENT DELAY IF THE WELL DRILLING HOLDS UP TO THE HEALTH DEPARTMENT SIGNATURE OF THE PERMIT.
12. TOPOGRAPHY OBTAINED FROM HOWARD COUNTY RECORDS AND FIELD VERIFIED AND ADJUSTED BY SURVEY'S INC. MARCH 15, 2016.
13. PER FEMA FLOOD INSURANCE RATE MAP, PROPERTY IS IN ZONE C, COMMUNITY PANEL NUMBER 240044-0037B.
14. PROPERTY ADDRESS: 7077 E. MINK HOLLOW ROAD
    HIGHLAND, MARYLAND 20777
15. PRIOR PERC TEST APPLICATION A-19279 PERFORMED ON NOVEMBER 13, 1973.
16. CURRENT PERC TEST APPLICATION A-19279 PERFORMED ON APRIL 8, 2016.
17. ALL PERC TEST HOLES PASSED AS SHOWN ON THIS PLAN
18. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AN/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

PURPOSE STATEMENT

The purpose of this plan is to establish a 10,000 s.f. sewage disposal area on this lot.

SURVEYS, INC.
SURVEYORS • ENGINEERS • LAND PLANNERS
PERMIT SERVICES
350 MAIN STREET
LAUREL, MARYLAND, 20707

DATE	REVISION

PERCOLATION CERTIFICATION PLAN
7077 E. MINK HOLLOW ROAD
TAX MAP 40, PARCEL 357

DANNER PROPERTY

5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1"=60'	DESIGNED DB	CHECKED BY GB
DATE MAY 2016	DRAFTER DB	FIELD BOOK BK 60 / P 30
JOB NUMBER 16-24	SHEET NUMBER 1 OF 1	FILE NUMBER L-421

GRAPHIC SCALE 0' 60' 120' 180'

MDE Sewage Area Statement

This area designate a private sewage disposal area as required by The maryland Department of Environment for individual sewage disposal; Improvement of any nature to this area are restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

May 4, 2016
DATE

REGISTERED PROFESSIONAL LAND SURVEYOR, LIC

OWNER/ DEVELOPER
Dennis Danner
Danner Development
6583 HIGHLAND C...
HIGHLAND, MD 20...
240-375-4934

SYSTEMS
Date

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-15-0251

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230

Howard County Health Department

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

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

Dinner Property _____ (Subdivision/Property Name) _____ (Lot #) 7077 Mink Hollow RD (Road Name)

☑ The well site has been staked by Surveys, Inc
(professional land surveyor or company employing professional land surveyors)
on 5-16-16 (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.

Howard County Health Department

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 – FEBRUARY 10, 2018

August 10, 2017

Homeowner
7077 Mink Hollow Road
Highland, MD 20777

RE: Danner Property, P.357
7077 Mink Hollow Road
Building Permit: B16003107
Well Permit: HO-15-0251

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 **3/15/2017.** Final approval of the well line connection to the dwelling was granted on **3/22/2017.** The well construction was completed on **6/20/2016.** Water samples were collected on **8/4/2017.**

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-15-0251. 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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

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

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: JOSEPH HEIL COMPANY Telephone #: 410 799 7727
Address: 8177 MISSION ROAD
JESSUP, MD 20794

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): EDWARD HEIL License# 6428
***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: DENNIS DANNER Telephone #: 2403754934
Subdivision: _____ Lot #: _____ Well Tag #: HO - 15 - 0251
Site Address: 7077 MINK HOLLOW ROAD
HIGHLAND, MD 20777

Submersible Pump Data		Pitless Adapter		Well Cap and Electric Conduit	
Make:	GRUNDFOS	Make:	AMERICAN GRANBY	Two piece watertight cap:	
Model #:	LF15SQE15C-290	Model#:	APT8200NL	Screened, vented well cap:	YES
Pump Capacity	8 GPM	Depth:	36" (36" min)	Cap secured to casing:	YES
Well Yield:	8 GPM	NSF/WSC approved:	YES	Conduit min 18" B.G.:	YES

Depth of well encountered at time of pump installation: 360 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ____

Piping to house		House Connection	
Type:	POLYETHYLENE	PVC sleeve to undisturbed soil at wall penetration:	YES
PSI:	250 (160 psi min)	Length of sleeve(5' minimum from foundation):	8'
Depth of supply line:	36" (36" min)	Sleeve 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.

X Edward Heil 3/8/17
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/20/17 Date Insp. Approved: 3/22/17 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	✓	sleeve from house to well, under driveway
Adequate grout observed below pitless adapter	✓	

Donna Danner
240-623-6564

email- dmdanner7077@gmail.com

7077 Mink Hollow

9106 Philadelphia Road
Suite 108-B
Rosedale, MD 21237

HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Property Information	Customer Information
Property Address: **7077 Mink Hollow Road Highland, MD 20777**	Name: **Home Land Septic Consulting**
Well Tag Number: **HO-15-0251**	Phone Number: **(443) 995-5385**
	Email: **info@mdwellandseptic.com**

Field Data		
Date & Time Sampled: **8/4/2017 8:00 AM**	pH: **6.8**	Well Type: **Drilled**
Date & Time Received: **8/4/2017 4:00 PM**	Chlorine Residual: **0.0**	Well Height: **14 inches**
Sampled By: **Drew Henderson**	Clarity: **Clear**	Cap Type: **2-piece metal**
Sampler ID: **6667RH**	Sand: **None**	Casing: **6-inch metal**
Sample Location: **First floor bathroom sink**		Conduit: **Secure**
Water Conditioning: **None**		Note: **Constant pressure system**

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst
Total Coliform	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB
E. Coli	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB
Nitrate-Nitrite*	353.2	**1.3**	**Pass**	mg/L	10.0	2.0	ETL
Turbidity	EPA 180.1	**1.55**	**Pass**	NTU	10.0	0.5	KMB

Approved By: David Vincent, Lab Director Report Date: 8/9/2017

RECEIVED
AUG 09 2017
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

HOME LAND ENVIRONMENTAL HEALTH LABS

Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to: https://www.epa.gov/sites/production/files/2016-06/documents/npwdr_complete_table.pdf

Definitions and Acronyms

Analysist: Refers to the individual whom conducted the test.
Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.
Method: The type of analysis used to determine the results.
Not Detected (ND): Any level below the reporting limit.
Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.
Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.
Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.
***Samples were analyzed at Environmental Testing Laboratory(ETL) **Samples were analyzed at Florida Radiochemistry(FRC)**

The following table is a list of contaminants commonly sampled or analyzed in Maryland and information to help clients to understand the results.

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. coli	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Plumbing Components	Reverse Osmosis, pH correction, Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Contact a well driller

Hardness Scale	Less than 1	1 to 3.5	3.5 to 7	7 to 10.5	10.5 and over
	"Soft"	"Slightly Hard"	"Moderately Hard"	"Hard"	"Very Hard"