

C1 27699 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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER 13 PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-15-0324

ST/CO USE ONLY DATE RECEIVED 10/27/16 DATE WELL COMPLETED 10-24-2016 Depth of Well 365' (TO NEAREST FOOT) OWNER Muller F Paul WELL SITE ADDRESS 5620 Chambliss Dr TOWN Clarksville SUBDIVISION Glen Mary Estates SECTION LOT 6

**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	
Sand	0	38	
Mica Rock	38	365	✓
Water	120		

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
CEMENT  BENTONITE CLAY   
NO. OF BAGS 11 NO. OF POUNDS 1834  
GALLONS OF WATER 66  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

**CASING RECORD**  
casing types insert appropriate code below  
STEEL  CONCRETE   
PLASTIC  OTHER   
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
5+ 6 42

**OTHER CASING (if used)**  
EACH CASING diameter depth (feet) from to

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
STEEL  BRASS  OPEN HOLE   
BRONZE  PLASTIC  OTHER

**C3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 1.8  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 313 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

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED YES  NO

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 024  
DRILLERS SIGNATURE  
LIC. NO.: MSD 027

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

**C2**  
DEPTH (nearest ft.)  
Ho 40 365  
EACH CASING diameter depth (feet) from to  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH) from to

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 O  
70 72 74 75 76  
TELESCOPE LOG OTHER DATA CASING INDICATOR

**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 36  
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 } 2 (nearest foot)

LATITUDE 39.218761  
LONGITUDE 76.955335  
(DEFAULT COORD. WGS 84)  
NOTES:

<b>B 1</b>	<b>37547</b>	SEQUENCE NO. (MDE USE ONLY) <b>0531140</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>(AP)</i> please type	STATE PERMIT NUMBER <b>HO-15-0324</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 09 07 16  
8 MM DD YY 13

Mueller F. Paul  
15 Last Name Owner First Name 34

7520 Main St Suite 201  
36 Street or RFD 55

Sykesville Md 21784  
57 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

Howard  
8 COUNTY 21

Glen Mary Estates  
23 SUBDIVISION 42

SECTION 44 LOT 6  
44 46 48 50

Clarksville  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

Joseph & Mayne M S D 024  
Driller's Name 76 License No. 81

Joseph & Mayne Well Drilling  
Firm Name

5512 Ridge Rd Mt Airy 21771  
Address

Joseph & Mayne 9-3-2016  
Signature Date

**B 4 SOURCES OF DRILLING WATER**

1. Well  
11 STREET ADDRESS 30

2. \_\_\_\_\_

3. \_\_\_\_\_

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

NORTH  
 WEST  EAST  
SOUTH

34 170 From 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 5 PARCEL 15

**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)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13)  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 10/7/16 Sub. Call. 10/7/17  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 320 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**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

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  JETTED  Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE Reverse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

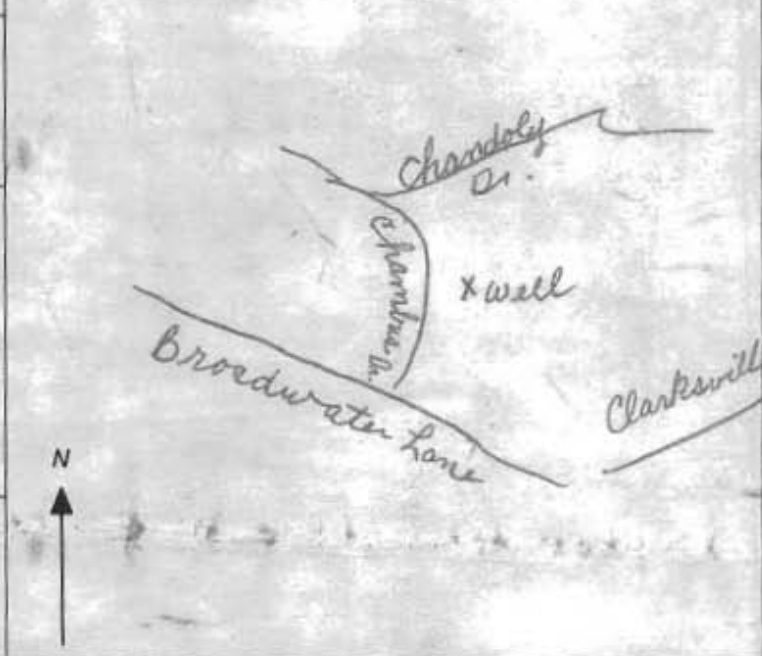
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) \_\_\_\_\_



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

APPROX. PERMIT NUMBER \_\_\_\_\_

PERMIT No. HO-15-0324  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 15-0324  
 Location of property (road) 5620 Chambliss Dr  
 Subdivision Glen Mary Est Lot 6 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Paul F. Mueller

Depth of well 365'  
 Distance of measuring point (H.P.) above ground 2'  
 Static water level (S.W.L.) below H.P. 26'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm  
 Total time 30 min to reach pumping water level 310 ft. below H.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below H.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	125	3		20
7:30	310	4		15
7:45	310	28		2
8:00	310	30		2
8:15	310	30		2
8:30	310	30		2
8:45	310	30		2
9:00	310	30		2
9:15	310	30		2
9:30	310	30		2
9:45	310	30		2
10:00	310	30		2
10:15	313	32		1.8
10:30	313	32		1.8
10:45	313	32		1.8
11:00	313	32		1.8
11:15	313	32		1.8
11:30	312	32		1.9
11:45	312	32		1.9
12:00	312	32		1.8
12:15	312	32		1.9
12:30	312	32		1.8
12:45	312	32		1.8
1:00	312	32		1.8
1:15	312	32		1.8
1:30	312	32		1.8

→

1345 312

32

Y.8

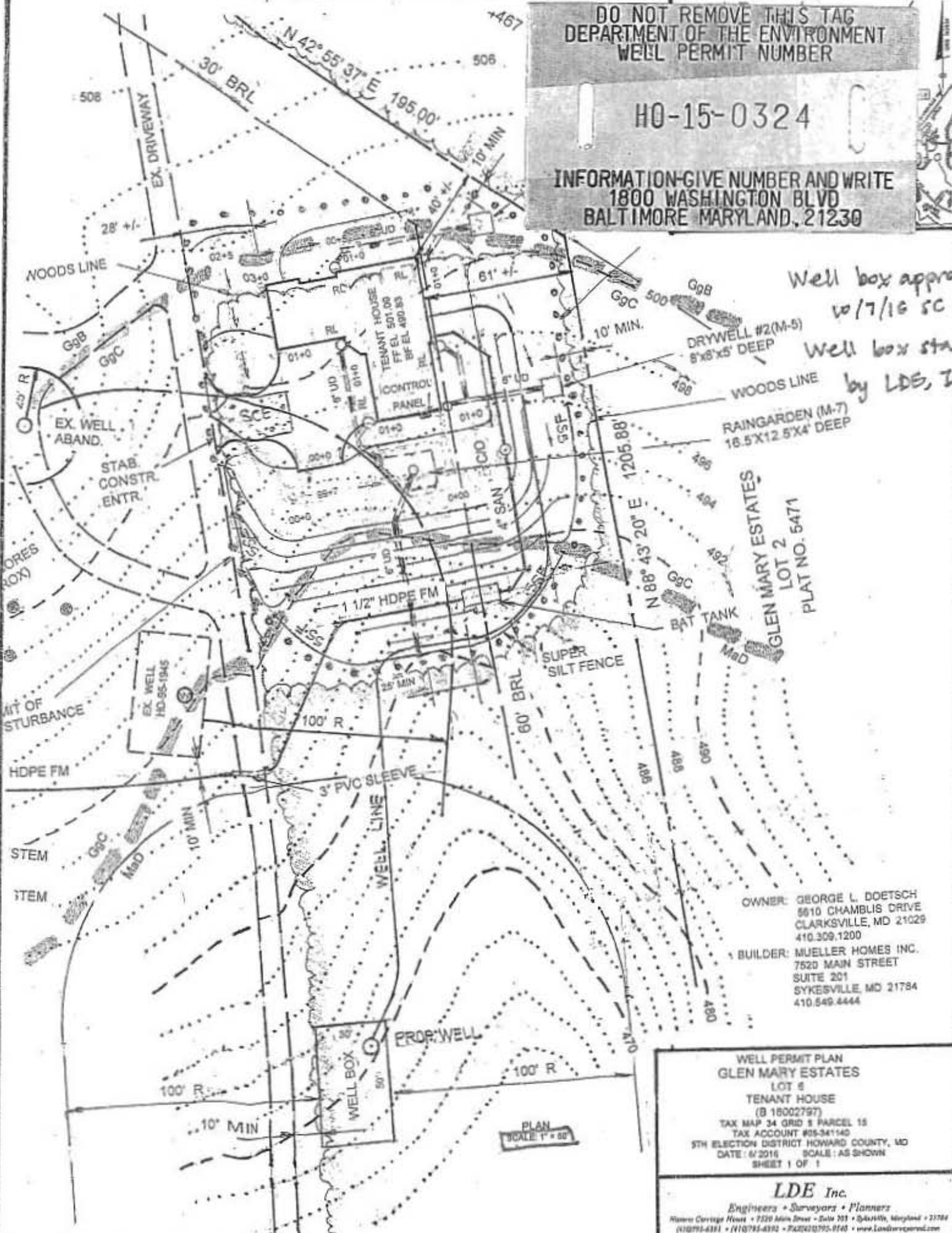
**RECEIVED**  
OCT 27 2016  
HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH

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

H0-15-0324

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

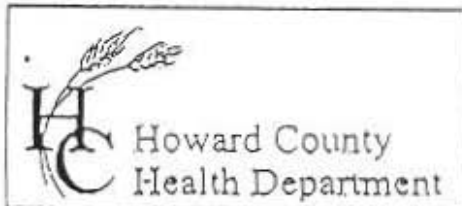
Well box approved  
w/7/16 SC  
Well box stakes  
by LDS, Inc



OWNER: GEORGE L. DOETSCH  
5610 CHAMBLIS DRIVE  
CLARKSVILLE, MD 21029  
410.309.1200  
BUILDER: MUELLER HOMES INC.  
7520 MAIN STREET  
SUITE 201  
SYKESVILLE, MD 21784  
410.549.4444

WELL PERMIT PLAN  
GLEN MARY ESTATES  
LOT 5  
TENANT HOUSE  
(B 18002797)  
TAX MAP 34 GRID 5 PARCEL 15  
TAX ACCOUNT #05-341140  
5TH ELECTION DISTRICT HOWARD COUNTY, MD  
DATE: 6/2016 SCALE: AS SHOWN  
SHEET 1 OF 1

**LDE Inc.**  
Engineers • Surveyors • Planners  
Home Carriage Plaza • 7520 Main Street • Suite 201 • Sykesville, Maryland • 21784  
(410)795-4391 • (410)795-4392 • (410)202-0795-0740 • www.LandSurveyors.com



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6309  
 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:

Well Site Location:

Allen Mary Estates 6 5620 Chamblis Dr.  
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by LDE INC  
 (professional land surveyor or company employing professional land surveyors)  
 on 8-26-2014 (date) and does not require a site inspection.

- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

*Paul Mueller*

*410-984-2265*

**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: Allied Well Drilling 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 - 15 - 0324  
Site Address: 5670 Chaswick Drive

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
<b>Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u></b>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 7/20/17 Date Insp. Approved: 8/1/17 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 ✓  
 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: Robert L. Feezer Co. Telephone #: 410-781-4656  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Joshua Henricks License# PI0173

**\*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: Mueller Homes - George Doetsch Telephone #: 410-549-4444  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - NOT - PROVIDED  
Site Address: 5620 Chamblis Drive  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Schaefer  
Model #: 10SRD154-2W230  
Pump Capacity: 10 GPM  
Well Yield: ?? GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 350' (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 N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

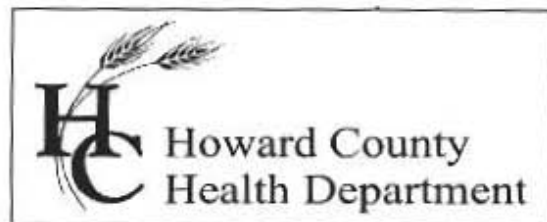
PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve (5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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.**

Joshua Henricks      September 20, 2017  
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: \_\_\_\_\_ 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 \_\_\_\_\_



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – March 20, 2018**

September 20, 2017

Homeowner  
5620 Chamblis Drive  
Clarksville, MD 21029

**RE: Glen Mary Est., Lot 6  
5620 Chamblis Drive  
Building Permit: B16002797  
Well Permit: HO-15-0324**

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 **8/18/2017**. Final approval of the well line connection to the dwelling was granted on **8/1/2017**. The well construction was completed on **10/24/2016**. Water samples were collected on **8/14/2017, & 9/6/2017**.

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-15-0324. 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>

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Mueller Homes  
7520 Main Street # 20  
Sykesville, Md 21784

Reporting Date: 8/18/2017  
Report #: M5423

Submitted Sample Address: 5620 Chamblis Drive  
Clarksville, MD  
Submitted Sample Source: Bathroom sink-well cap intact & no devices used  
Date / Time Collected: 8/14/2017 09:35 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.4  
Well Tag #: HO-15-0324

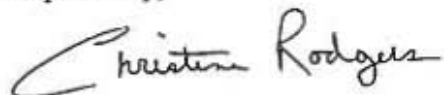
## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	<b>Present</b>	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	<b>Absent</b>	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	10	NTU	0.5	< 10 NTU*	MD Well Reg.

### Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -  
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: SNB

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Mueller Homes  
7520 Main Street # 20  
Sykesville, Md 21784

Reporting Date: 9/7/2017  
Report #: M5495

Submitted Sample Address: 5620 Chamblis Drive  
Clarksville, MD  
Submitted Sample Source: Master bathroom sink-well cap  
intact & no devices used  
Date / Time Collected: 9/6/2017 09:00 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.0  
Well Tag #: HO-15-0324

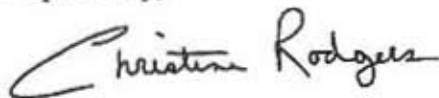
## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL

### Notes:

1. Bacteriological analysis of this sample indicates this water is  safe  for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
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EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
6. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 