C 1 | 3147 | 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 A 520449-A

ST/CO USE ONLY
DATE Received MM DD YY
8 13

DATE WELL COMPLETED MM 10 DD 22 YY 2007 (15 20)

Depth of Well 22 145 26 (TO NEAREST FOOT)

11/20/07 DK (50)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No. 95-1311 (28 29 30 31 32 33 34 35 36 37)

OWNER Demmitt (last name) Richard (first name)

STREET OR RFD all Daughters Lane TOWN Fruitland

SUBDIVISION Orchard Estates SECTION LOT 4

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
Sand	0	56	
Gray Mica Rock	56	145	

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.: MSD 024

David K Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD 027

David Mayne

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 / no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

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

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 55 (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	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	60 (66 70)

OTHER CASING (if used)

EACH CASING	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)	to (11 15)	(17 21)
	1	HO	58	145
	2	(23 24)	(26 30)	(32 36)
	3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

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

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 (E.R.O.S.) W Q

70 ____ TELESCOPE CASING

72 ____ LOG INDICATOR

74 75 76 ____ 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 Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 (17 20) ft.

WHEN PUMPING 67 (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)

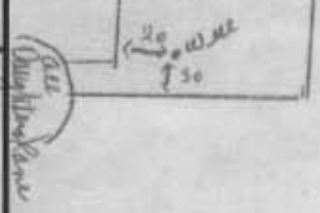
CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49) / (−) below (49) LAND SURFACE

2 (nearest) foot (50 51)

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)

N



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 1036 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

527836 please type

STATE PERMIT NUMBER: HO-95-1311

fill in this form completely

OWNER INFORMATION

Date Received (APA)

Dennitt (Last Name) Richard (First Name)

P.O. Box 228 (Street or RFD)

Clarksville (Town) Md (State) 21029 (Zip)

DRILLER INFORMATION

Joseph L Mayne MSD024 (Driller's Name / License No.)

Joseph L Mayne Well Drilling (Firm Name)

5512 Ridge Rd Mt. Airy Md 21771 (Address)

Joseph L Mayne 9-27-07 (Signature / Date)

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

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 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
- [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)

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

APPROP. PERMIT NUMBER ---------G---

PERMIT No. HO-95-1311

B 3 LOCATION OF WELL

Howard (COUNTY)

Orchard Estates (SUBDIVISION)

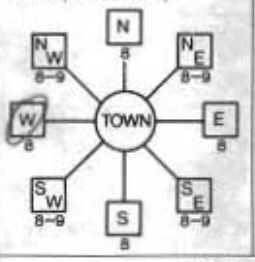
SECTION LOT 4

Fulton (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



All Daughters Lane (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 60 FT (ENTER FT OR MI)

TAX MAP: 40 BLK: 10 PARCEL 178

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A520449-A (COUNTY NO.)

STATE SIGNATURE

DATE ISSUED 10/11/07 CO SIGNATURE 10/11/08 EXP. DATE

NORTH GRID 484 000 EAST GRID 816 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

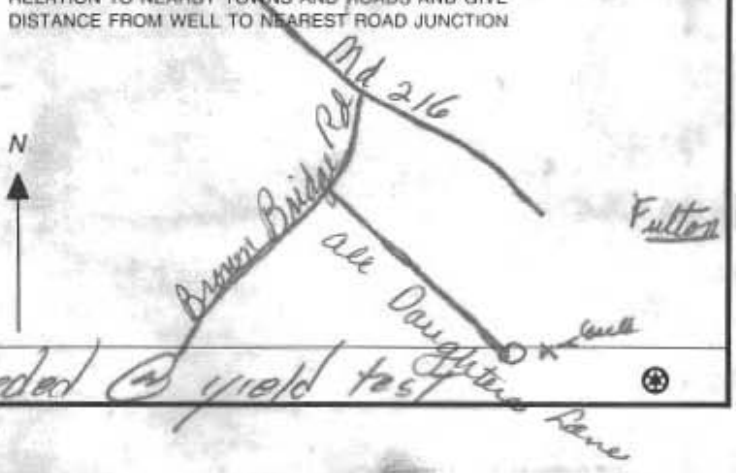
E 816

N 484

10/22/07 Sample collected @ field. KW

000 000

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

System sample needed @ well tap

DENV-Permit 97

② COUNTY

Page ____ of ____ Review ____

Date 10-22-2001

60' casing
55 open
15 bags

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1311
Location of property (road) all Daughters Lane
Subdivision Orchard Estates Lot 4 Block ____ Plat ____ Sec. ____
Well Driller Joseph Mayne Owner Richard Demmitt

Depth of well 145'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 22'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm.
Total time 15 min to reach pumping water level 67 ft. below M.P.

II. 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 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	22		N/R	
7:15	67'	3 sec.		20 gpm.
7:30	65	7		8.5
7:45	65	7		8.5
8:00	65	7		8.5
8:15	65	7		8.5
8:30	65	7		8.5
8:45	65	7		8.5
9:00	65	7		8.5
9:15	65	7		8.5
9:30	65	7		8.5
9:45	65	7		8.5
10:00	65	7		8.5
10:15	65	7		8.5

HD-224

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: National Water Svc Telephone #: 301-854-1333
Address: P.O. Box 138
Ashton, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145
*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: Mitchell & Best Telephone #:
Subdivision: Orchard at Brown Bridge Lot #: 4 Well Tag # : HO-85-1311 ✓ 03/13/2018 (H)
Site Address: 12415 All Daughters LA
Fulton MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Schaefer	Make: Campbell	Two piece watertight cap: ✓
Model #: 1/2 HP 10GPM	Model#: CA 800	Screened, vented well cap: ✓
Pump Capacity 10 GPM	Depth: 48" (36" min)	Cap secured to casing: ✓
Well Yield: 8.5 GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 185 (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 or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: PolY	PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min)	Approximate length of sleeve: 5'
Depth of supply line: 4' (36" min)	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 — 3-13-18 date

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

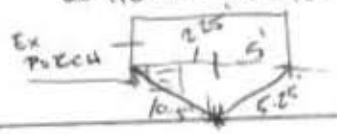
Date Insp. Requested: 3/13/2018 Date Insp. Approved: 3/13/2018

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	✓	44" 3/13/2018 (H)
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	38.5" 3/13/2018 (H)
Safety rope installed inside of well casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	22" 3/13/2018 (H)
Water supply line sleeved adequately at house connection	✓	
Adequate grout observed below pitless adapter	✓	

WL installed under Roof 3/13/2018 (H)

HD-215(Rev. 8/00)
Ex House 3/13/2018 (H)



HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 21, 2018

June 21, 2018

Homeowner
12415 All Daughters Lane
Highland, MD 20777

RE: Orchard Estates, Lot 4
12415 All Daughters Lane
Building Permit: B17004391
Well Permit: HO-95-1311

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 **3/13/2018.** Final approval of the well line connection to the dwelling was granted on **3/13/2018.** The well construction was completed on **10/22/2007.** Water samples were collected on **6/1/2018.**

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 **10/22/2007**. Results showed a Gross Alpha level of **5.0** ± 1.0 **pCi/L** and **Gross Beta** level of **5.0 ± 2.0 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-95-1311. 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.**

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

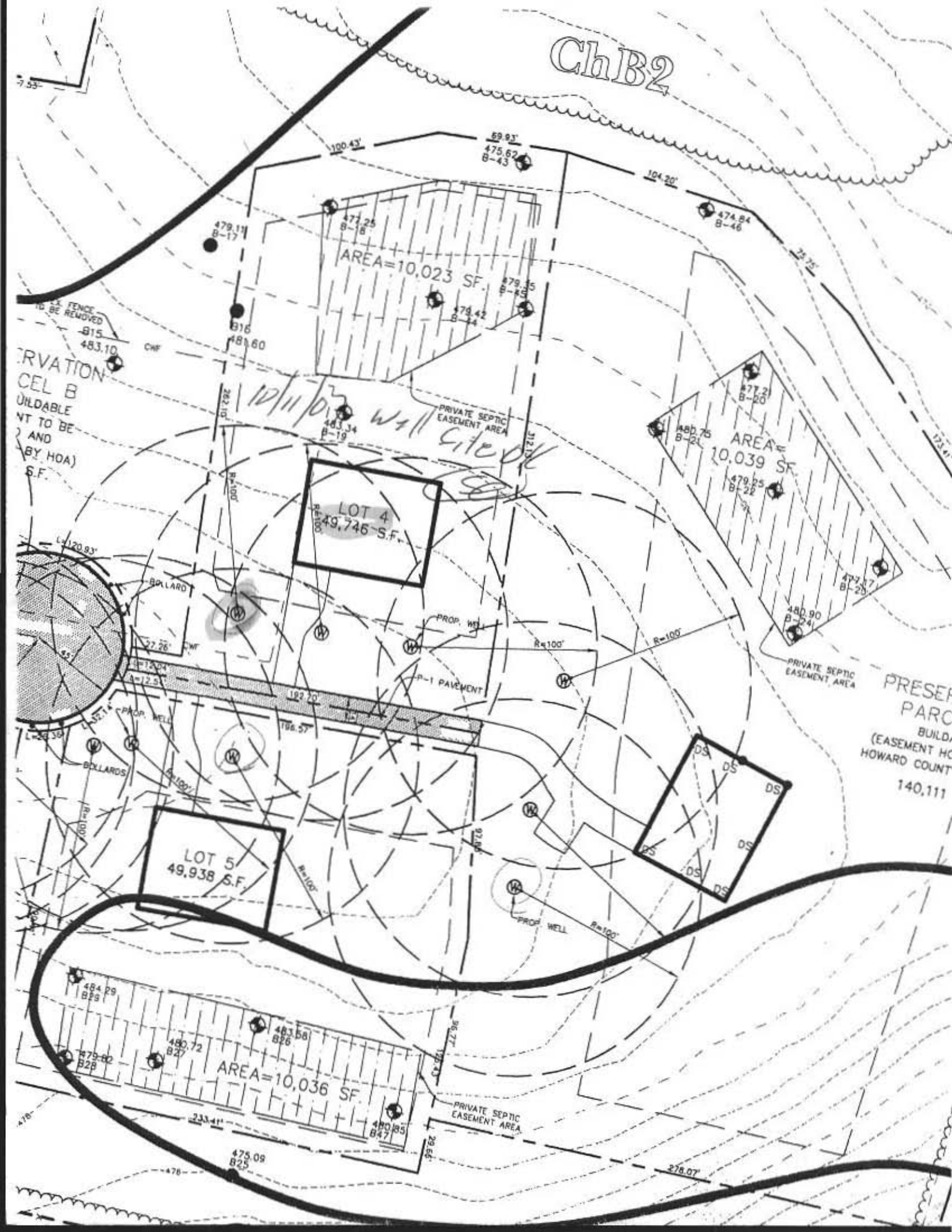
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

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

Approving Authority,

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

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


ChB2
AREA=10,023 SF.
LOT 4
49,746 S.F.
AREA=
10,039 SF.
LOT 5
49,938 S.F.
AREA=10,036 SF.
PRIVATE SEPTIC EASEMENT AREA
PROP. WELL
R=100'
P-1 PAVEMENT
BOLLARD
DS
PRESER
PARC
BUILDA
(EASEMENT HO
HOWARD COUNT
140,111

Howard County Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046
(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:

Well Site Location: Orchard Est - (Subdivision/Property Name) Parcel A 1,2,3,4 5,6,7,8 (Lot#) all Daughters Lane (Road Name)

☑ The well site has been staked by Patton Harris Rust + Assoc - (professional land surveyor or company employing professional land surveyors) on Sept 2007 (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

Richard Demmitt

Howard County Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 29, 2007

Mr. Richard Demitt
P.O. Box 228
Clarksville, MD 21029

RE: Orchard Estates, Lot #4
Well Tag: HO-95-1311

To Whom It May Concern:

A sample was collected from a yield test October 22, 2007 and submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of **5.0 ± 1.0 picocuries/liter (pCi/L);** while the **Gross Beta** level was **5.0 ± 2.0 pCi/L.** The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L,** while the **Gross Beta** level was below its target value of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year).**

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,

Bert Nixon

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:
Bert Nixon

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

invoiced

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 40-95-1311 **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Orchard Est - Lot 4 **County:** Howard

Sample Source: All Drinking Water **Location:** 40-95-1311
(well no., lab sink, sample tap, etc.)

County: ☐☒ **Plant No.** ☐☐☐☐☐☐☐☐☐☐

CHECK (one per box)

Drinking Water ☒	Community ☐	Source (raw water) ☒	Emergency ☐
Landfill ☐	Non-community ☐	Distribution (treated) ☐	Routine ☒
Stream ☐	Private ☐	MCL ☐	Recheck ☐
Other ☐	Other ☐		Special ☐

Collector: K. Wolf **Telephone No:** 410-313-2645

Date Collected: 10/22/07 **Time Collected:** 10:15 **a.m.** _____ **p.m.**

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☒

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** — pH — Chlorine

Remarks: Sample collected @ Field test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000			
✓	Gross Beta	4100			
	Radon-222 *Bottle A*	4004			
	Radon-222 *Bottle B*	4004			
	Field Blank *A*	4004			
	Field Blank *B*	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: ____/____/____

Supervisor: _____

• Tel. No.: (410) 767-5537 • Fax. No.: (410) 333-5373

PROGRAM COPY

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/201606/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.

This table is for informational purposes only. See page 1 for your 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, UV light
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	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), 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
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
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	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer

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: **12415 All Daughters Lane Lot 4 Highland, MD 20777**	Name: **Well Water Solutions**
Well Tag Number: **HO-95-1311**	Phone Number: **(410) 935-7185**
	Email: **jemoseman@wellwatersolutions.net**

Field Data		
Date & Time Sampled: **6/1/2018 10:00 AM**	pH: **6.0**	Well Type: **Not noted**
Date & Time Received: **6/2/2018 10:45 AM**	Chlorine Residual: **0.0**	Well Height: **Not noted**
Sampled By: **Janet Walker**	Clarity: **Clear**	Cap Type: **Not noted**
Sampler ID: **9006JW**	Sand: **None**	Casing: **Not noted**
Sample Location: **First floor hallway bathroom sink**	Preservation: **Cool, 4°C**	Conduit: **Not noted**
Water Conditioning: **None**		
Note: **First test-No treatment**		

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**6/3/2018**
E. Coli	Colitag	**Absent**	**Pass**	Per/100mL	Present	1.0	KMB	**6/3/2018**
Nitrate-Nitrite	EPA 353.2	**1.4**	**Pass**	mg/L	10.0	0.5	KMB	**6/2/2018**
Turbidity	EPA 180.1	**0.65**	**Pass**	NTU	10.0	0.5	KMB	**6/2/2018**

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director Report Date: 6/4/2018