

C1 36500

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.

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD 08 14 17

DATE WELL COMPLETED MM DD YY 8 - 3 - 2017

Depth of Well 22 420' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 8/29/17 CO Ho - 17 - 0152

OWNER Highland Development Corporation WELL SITE ADDRESS last name Curtis Vista way first name TOWN Clarksville SUBDIVISION Brighton Mill II SECTION LOT 6

WELL LOG Not required for driven wells

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

C 3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

NO. OF BAGS 14 NO. OF POUNDS 1376

PUMPING RATE (gal. per min.) 5

Sand 0 39

GALLONS OF WATER 34

METHOD USED TO MEASURE PUMPING RATE Bucket

Mica Rock 39 420

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

WATER LEVEL (distance from land surface) BEFORE PUMPING 38' ft.

Water 334'

(enter 0 if from surface)

WHEN PUMPING 333' ft.

CASING RECORD casing types insert appropriate code below

TYPE OF PUMP USED (for test) A air P piston T turbine

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

C centrifugal R rotary O other (describe below)

OTHER CASING (if used) diameter inch depth (feet) from to

J jet S submersible

SCREEN RECORD screen type or open hole insert appropriate code below

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.) 1 2 40 50 420

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

WELL HYDROFRACTURED yes no Y N

E A C H S C R E E N

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

LAND SURFACE (+) above (nearest foot) 1 (50 51)

E ELECTRIC LOG OBTAINED

DIAMETER OF SCREEN (NEAREST INCH) 58 60

P TEST WELL CONVERTED TO PRODUCTION WELL

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

DRILLERS LIC. NO. M SD 027

70 72 74 75 76

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

TELESCOPE CASING LOG INDICATOR OTHER DATA

LIC. NO. D

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LATITUDE 39.21620

LONGITUDE 76.98198

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland 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 public and other governmental agencies, if not protected by federal or state law.

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LIC. NO. D

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

70 72 74 75 76

COUNTY

MDE/WMA/PER.071

Tag = 08/04/2017

B 1
42878

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-17-0152
fill in this form completely

5dX028E please type

OWNER INFORMATION

Date Received (APA) 050217
8 MM DD YY 13

Highland Development Corp.
15 Last Name Owner First Name /34

P.O. Box 228
36 Street or RFD 55

Clarksville Md 21029
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Brighton Mill II
23 SUBDIVISION 42

SECTION 6
44 46 LOT 48 50

Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Larry Mayne M SD 027
76 Driller's Name License No. 81

Joseph & Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt Airy 21771
Address

Larry Mayne 4-25-2017
Signature Date

SOURCES OF DRILLING WATER

1. well

2. 8/3 - 5 gpm

3. -13 bags cement
- Na, Cl, TDS
samples collected
@ 9:30 am

Curtis Vista Way
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 140 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 2 PARCEL 16

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) COUNTY NO.

COUNTY NAME STATE SIGNATURE INSERT S → 41

DATE ISSUED 6/8/17 SL Gali 6/8/17
43 MM DD YY 48 CO SIGNATURE EXP. DATE

DOW: 07/31/2017 DWG: 8/3/17 D04: 8/3/17

APPROXIMATE DEPTH OF WELL 320 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

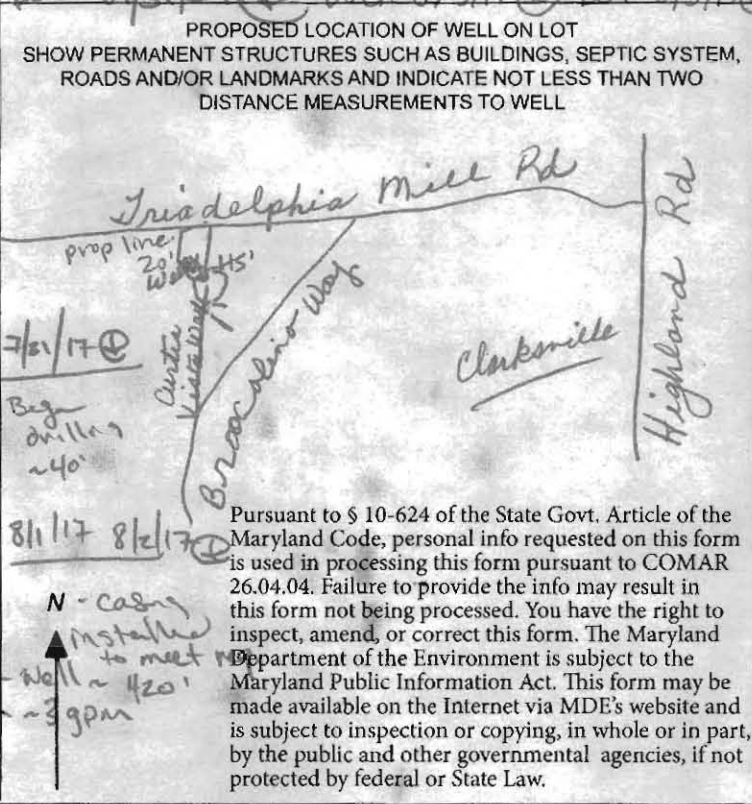
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. Ho-17-0152
70 71 72 73 74 75 76 77 78 79



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SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

50' steel casing req'd, or 10' into competent bedrock

© COUNTY
whichever is deeper

Fogles: WLL on 10/25

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 Safety Fencing

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 51070
Address: 580 Obrecht Rd
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): David C. Fogle License #: MSD226

*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: NVR Telephone #: _____
Subdivision: Brighton Mill Lot #: 6 Well Tag #: HO-17-0162 10/25/2018
Site Address: 13623 Curtis Vista Way
Clarksville, MD 21029

<u>Septic Tank Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GUARDS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>74507422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>5</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.5" B.G.: <u>YES</u>

Depth of well encountered at time of pump installation: 420 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4
Torque wrench, 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

<u>Fitting to house</u>	<u>House Connection</u>
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (50 psi min)</u>	Length of sleeve (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

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.

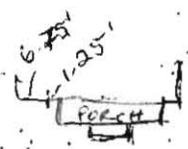
Signature of company representative responsible for installation: David C. Fogle date: 10/23/18

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

Date Insp. Requested: 10/25/2018 Date Insp. Approved: 10/25/2018 Inspector: D

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>51"</u>	<u>10/25/2018</u> <u>D</u>
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>48"</u>	<u>10/25/2018</u> <u>D</u>
Safety rope not outside of well casing	<u>✓</u>	
Correct well tag attached properly and casing 5" above finished grade	<u>10"</u>	<u>10/25/2018</u> <u>D</u>
Water supply line sleeved adequately at house connection	<u>8.5'</u>	<u>10/25/2018</u> <u>D</u>
Adequate grout observed below pitless adapter	<u>✓</u>	

Ex House
10/25/2018 D



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 18, 2018

December 18, 2018

Homeowner
13623 Curtis Vista Way
Clarksville, MD 21029

**RE: Brighton Mill, Lot 6
13623 Curtis Vista Way
Building Permit: B18002763
Well Permit: HO-17-0152**

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 12/18/2018. Final approval of the well line connection to the dwelling was granted on 10/25/2018. The well construction was completed on 8/3/2017. Water samples were collected on 12/11/18 and 12/14/2018.

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. 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-17-0152. 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>



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

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 Environment's website which describes in further detail operation and maintenance of your septic system.

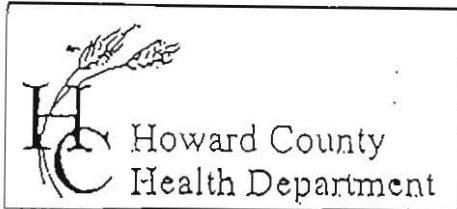
Approving Authority,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, LEHS
Groundwater Management Section
Well & Septic Program

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

W560628



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:

Brighton Mill II Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Parcel A
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark
 (professional land surveyor or company employing professional land surveyors)
 on 4-28-2017 (date) and does not require a site inspection.

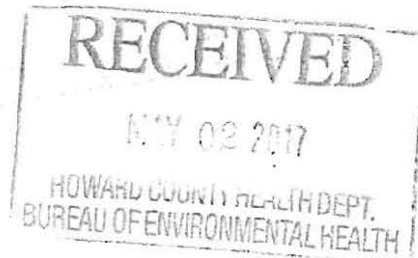
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

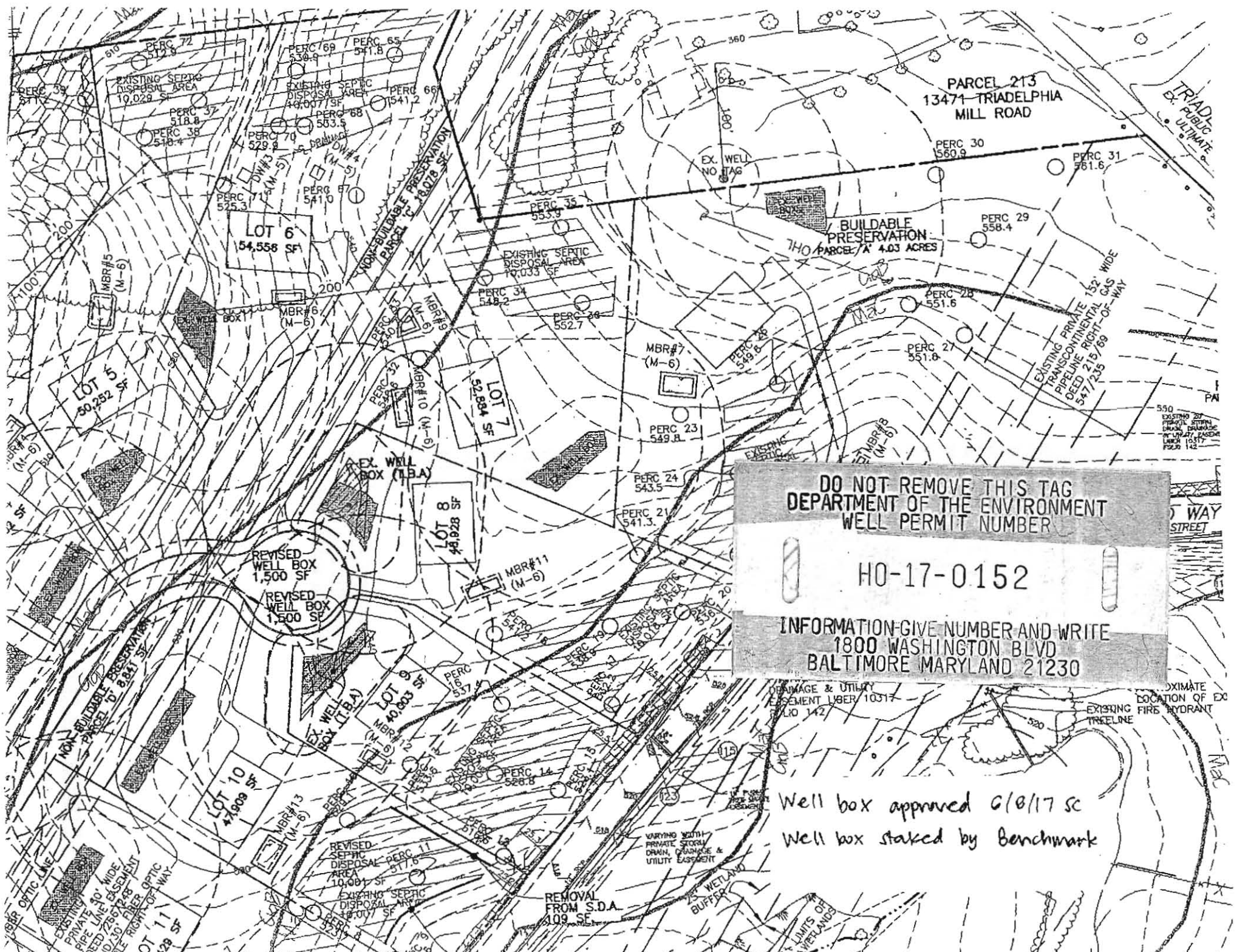
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Richard Demmitt

410-365-0414





PARCEL 213
13471 TRIADELPHIA
MILL ROAD

LOT 6
54,558 SF

LOT 5
50,252 SF

LOT 7
52,984 SF

LOT 8
49,228 SF

REVISED WELL BOX
1,500 SF

REVISED WELL BOX
1,500 SF

LOT 10
47,909 SF

LOT 11
57,429 SF

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

HO-17-0152

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

Well box approved 6/8/17 sc
Well box staked by benchmark

REMOVAL FROM S.D.A.
109 SF

TRIADIC
EX. PUBLIC
ULTIMATE

BUILDABLE PRESERVATION
PARCEL 'A' 4.03 ACRES

EXISTING PRIVATE 15' WIDE
TRANSCONTINENTAL GAS
PIPELINE RIGHT-OF-WAY
DEED 215/69
547/235

EXISTING
PRIVATE
SEWER
LINE
DEED
10317
P. 29
142

WAY
STREET

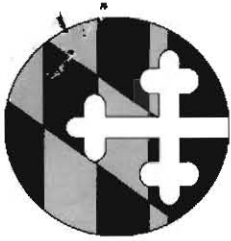
DRAINAGE & UTILITY
EASEMENT LIBER 10317
P. 10 142

APPROXIMATE
LOCATION OF EX
TRENCH
EXISTING FIRE HYDRANT
TRENCH

VARYING SOUTH
PRIVATE STORM
DRAIN, DRAINAGE &
UTILITY EASEMENT

UNITS OF
WETLANDS

ADDITION



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18000507 Date Coll. 08/03/2017 Date Received 08/04/2017 Submitted By:S. Collins

Field ID: HO-17-0152
Lab No.: E18000507001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	08/07/2017
Total Dissolved Solids	SM 2540C	83	mg/L	08/08/2017

Comments:

Approved by:

Approval date: 08/10/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Send Report To: Bert Nixon
Howard Co. Health Dept.

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

E18000508001
Received: 08/04/2017
Metals HO-17-0152

8930 Stanford Blvd.
Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-17-0152 Site Name: Brighton Mill II - Lot 6 County: Howard

Sample Source: Curtis Vista Way Daytons Collector: S. Collins
Street Town or City Name

Date Collected: 8/3/2017 Time Collected: 9:30 a.m. _____ p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: < 2 8/4/17

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected during yield test.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SHS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: / /

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY

A
*The
This c
inform

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
TRACE METALS LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No. Date Received


E18000508001
 Received: 08/04/2017
 Metals HO-17-0152

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Please Print

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Street Town or City Name

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	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SHS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ___/___/___

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18000508 Date Coll.: 08/03/2017 Date Received: 08/04/2017 Submitted By: Collins

Field ID: HO-17-0152
Lab No.: E18000508001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	15.68	ppm	08/16/2017

Comments:

Approved by: Sadia Muneer

Approval date: 08/18/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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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 #: 127367 Account #: 1933
Reference: Brighton Mill Lot 6 Company: Fogles Well Pump & Treatment
Location: 13623 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 12/14/2018 0925 Site: Kitchen Sink
Date/Time Rec'd: 12/14/2018 1330 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.9
Collected By: A. Berchock 1233AB Well #: HO-17-0152

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD

OK
12/18/18 SC

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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 18002763

Date Reported: 12/17/2018

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 #: 127275 Account #: 1933
Reference: Brighton Mill Lot 6 Company: Fogles Well Pump & Treatment
Location: 13623 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 12/11/2018 0945 Site: Pressure Tank
Date/Time Rec'd: 12/11/2018 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: A. Berchock 1233AB Well #: HO-17-0152

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2018 / 1000 / CRS
Nitrate	1.66	mg/L	10	601	12/11/2018 / 1700 / RER
Turbidity	5.87	NTU	<10	SM20 2130B	12/11/2018 / 1710 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/11/2018 / 1710 / RER

Nitrate, turbidity,
+ sand OK
12/18/18 SC

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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

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