

C1 36469

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Highland Development Corporation, WELL SITE ADDRESS, TOWN Clarksville, SUBDIVISION, SECTION, LOT

WELL LOG

GROUTING RECORD

C3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Mica Rock, Water, and two Drywells.

WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

PUMPING TEST, HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

CASING RECORD, MAIN CASING TYPE, Nominal diameter, Total depth of main casing

OTHER CASING (if used), diameter, depth

SCREEN RECORD, screen type or open hole, STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2, WELL HYDROFRACTURED

DEPTH (nearest ft.) table with columns for casing sections and depth ranges.

PUMP INSTALLED, DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

CIRCLE APPROPRIATE LETTER, A WELL WAS ABANDONED AND SEALED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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

LATITUDE 39.21588, LONGITUDE 76.98140, (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.

TAG: 7/11/17 (S)

B 1
42812

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
40-17-0154
fill in this form completely

1 2 3 6
Date Received (APA) 05/02/17
OWNER INFORMATION
8 MM DD YY 13
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

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Brighton mill 11 42
SECTION 44 46 LOT 8 48 50
52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION
Driller's Name Larry Mayne M SD 027 76 License No. 81
Firm Name Joseph & Mayne Well Drilling
Address 5512 Ridge Rd Mt Airy Md 21771
Signature Larry Mayne Date 4-25-17

B 4 SOURCES OF DRILLING WATER
1. Well
2. 7/11
3. - collected Na, Cl, TDS samples @ 10:30 am

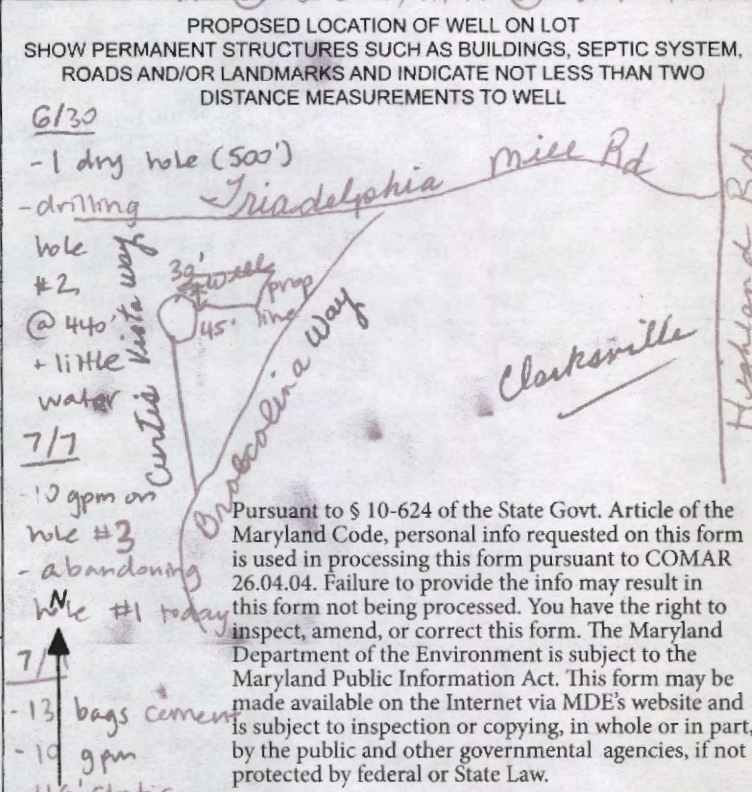
Curtis Vista Way
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 45 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 2 PARCEL 16

B 2 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)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 6/9/17
43 MM DD YY 48 CO SIGNATURE Sub Cell: 6/9/18 EXP. DATE
DNI
DON: 6/30/17 (S) DOG: 7/11/17 (S) DOY: 7/11/17 (S)

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
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No. 40-17-0154
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Sodium chloride + TDS samples req'd at yield

**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: FOGLES 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-17-0154
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> _____		

<u>Piping to house</u>	<u>House Connection</u>
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: 4/24/2019 Date Insp. Approved: 4/24/2019 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	51"	4/24/2019	(Signature)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>			
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	39"	4/24/2019	(Signature)
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>			
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	13"	4/24/2019	(Signature)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>			
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>			

Ex HOUSE
4/24/2019 (Signature)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 14, 2019

June 14, 2019

Homeowner
13618 Curtis Vista Way
Clarksville, MD 21029

RE: Brighton Mill II, Lot 8
13618 Curtis Vista Way
Building Permit: B19000139
Well Permit: HO-17-0154

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 **3/14/2019**. Final approval of the well line connection to the dwelling was granted on **4/24/2019**. The well construction was completed on **7/11/2019**. Water samples were collected on **6/7/2019, 6/12/2019**.

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-17-0154. 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,

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

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

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

E18000125003
Received: 07/12/2017
Metals HO-17-0154

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

D

Sample ID No: HO-17-0154 Site Name: Brighton Mill II - Lot B County: Howard

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

Date Collected: 7/11/2017 Time Collected: 10:30 a.m. _____ p.m. Phone #: 410-213-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: 5.2

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>SMS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ___/___/___

•Phone: (443) 681-3857

•Fax: (443) 681-4507



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: E18000125 Date Coll.: 07/11/2017 Date Received: 07/12/2017 Submitted By: Collins

Field ID: HO-17-0154
 Lab No.: E18000125003

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	14.32	ppm	07/20/2017

Comments:

Approved by: <u><i>Sadia Muneca</i></u>	Approval date: <u>07/26/2017</u>
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**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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) 767-6944 and arrange for return or destruction.



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 NoE18000117 Date Coll. 07/11/2017 Date Received 07/12/2017 Submitted By: S. Collins

Field ID: HO-17-0154
Lab No.: E18000117001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	07/17/2017
Total Dissolved Solids	SM 2540C	76	mg/L	07/17/2017

Comments:

Approved by:



Approval date: 07/21/2017

*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.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
4/25/19 SC

DATE WELL ABANDONED: 7-11-2017 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) dry hole I

* PERMIT NUMBER OF REPLACEMENT WELL: HO-17-0154

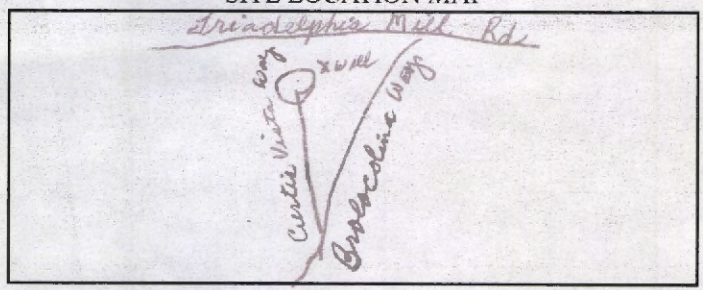
* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: MSD 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Highland Development Corp.

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Clarksville
TAX MAP 34 BLOCK 2 PARCEL 16
SUBDIVISION: Brighton Mill II
SECTION: _____ LOT: 8
STREET ADDRESS: Curtis Vista Way

SITE LOCATION MAP



LATITUDE 39.215795
LONGITUDE 76.981455

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>10</u>	<u>40</u>
<u>Drilling materials</u>	<u>40</u>	<u>500'</u>
<u>Drilling materials put in dry hole first, then cement.</u>		
VOLUME OF MATERIAL USED		
<u>7 Bags cement 42 gal water.</u>		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: NA INCHES IN DIAMETER

DEPTH OF WELL: 500' FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mayne LICENSE# MSD 027

MWD / MSD / MGS
CIRCLE ONE

4-15-2019 DATE

COUNTY

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.

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
4/25/19 SC

DATE WELL ABANDONED: 7-11-2019 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) dry hole 2

* PERMIT NUMBER OF REPLACEMENT WELL: HO-17-0154

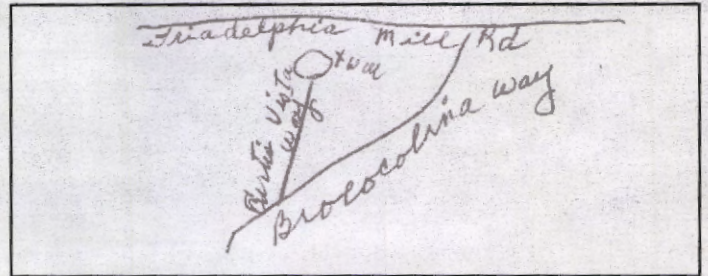
* PERSON ABANDONING WELL: Larry Mayne

WELL DRILLER'S LICENSE NUMBER: MSD 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Highland Development Corp.

SITE LOCATION MAP



* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Clarksville
TAX MAP 34 BLOCK 2 PARCEL 16
SUBDIVISION: Brighton Mill 11
SECTION: _____ LOT: 8
STREET ADDRESS: Curtis Vista Way

LATITUDE 39.215695

LONGITUDE 76.981385

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0'</u>	<u>40'</u>
<u>Drilling materials</u>	<u>40'</u>	<u>500'</u>
<u>Drilling materials put in dry hole first, then cement.</u>		
VOLUME OF MATERIAL USED		
<u>9 Bags cement 54 gal. water</u>		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: NA INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

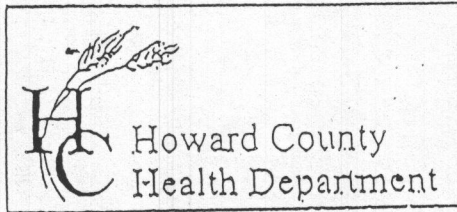
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Larry Mayne MSD 027

CIRCLE ONE MWD / MSD / MGS

DATE 4-15-2019

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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



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 #: 130594 Account #: 1933
Reference: Brighton Mill Lot 8 Company: Fogles Well Pump & Treatment
Location: 13618 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 6/7/2019 1439 Site: Kitchen Sink Tap
Date/Time Rec'd: 6/7/2019 1555 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Fogle 1974JF Well #: HO-17-0154

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/8/2019 / 1010 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/8/2019 / 1010 / RER
Nitrate	1.62	mg/L	10	601	6/7/2019 / 1625 / RER
Turbidity	11.1	NTU	<10	SM20 2130B	6/7/2019 / 1640 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/7/2019 / 1640 / RER

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B19000139

Date Reported: 6/11/2019

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 #: 130676
Reference: Brighton Mill Lot 8
Location: 13618 Curtis Vista Way
Clarksville, MD 21029
Date/ Time Collected: 6/12/2019 0750
Date/Time Rec'd: 6/12/2019 1327
Chlorine ppm: Free: ND Total: ND
Collected By: J. Evans 7411JE
Account #: 1933
Company: Fogles Well Pump & Treatment
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Sink Tap
Treatment: None
pH: 6.8
Well #: HO-17-0154

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.27	NTU	<10	SM20 2130B	6/12/2019 / 1645 / RER

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B19000139

Date Reported: 6/13/2019