

C1 56440

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

OK 8/1/18sc

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Stanky Miller Trust; WELL SITE ADDRESS: 16241 Frederick Rd; TOWN: Woodbine; SUBDIVISION: Stanky Miller Prop; SECTION: ; LOT: 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, med Gray Rock.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (35), NO. OF POUNDS (2025), GALLONS OF WATER (175), DEPTH OF GROUT SEAL (90 ft).

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6 inch), Total depth of main casing (90 feet).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form: screen type or open hole (HO), insert appropriate code below (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 28, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 Q

PUMPING TEST form: HOURS PUMPED (3), PUMPING RATE (8.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (WATER BUCKET), WATER LEVEL (distance from land surface) BEFORE PUMPING (38 ft), WHEN PUMPING (85 ft), TYPE OF PUMP USED (for test) (S) submersible.

PUMP INSTALLED form: DRILLER INSTALLED PUMP (YES), 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. 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, LAND SURFACE (nearest foot) 1.

LATITUDE 39 33702 LONGITUDE 77 08177 (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.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y)

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. 1 M D 355; DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION); LIC. NO. 1 WR 0113

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

B 1
54230

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

502980 please type

HO-17-0305
fill in this form completely

Date Received (APA)
05/01/18

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
Stanley M. Miller Family Trust
16217 Frederick Road
36 Street or RFD 55
Woodbine MD 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY 21
Howard
23 SUBDIVISION 42
Stanley Miller Prop
SECTION 44 46 LOT 2 48 50
Woodbine
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name 76 License No. 81
Michael Barlow M W D355
Firm Name
Barlow Well Drilling
Address
522 Underwood Lane 21014
Signature 4/16/18 Date

B 4 SOURCES OF DRILLING WATER

1. Well
2.
3.

16241
Frederick Road
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 500 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 7 BLK: 10 PARCEL 467

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.)
5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)
750
14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13)
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 7/5/18
CO SIGNATURE S. C. Cell. 7/5/19
43 MM DD YY 48 EXP. DATE
DNI

DOI: 7/11/18 (SC) DOG: 7/12/18 (SC) DOY: 7/16/18 (SC)

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

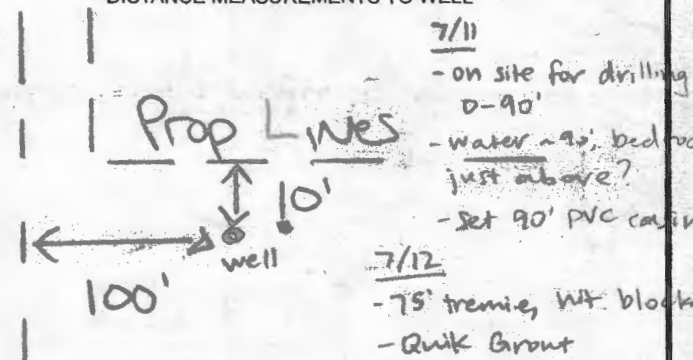
PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
DISTANCE MEASUREMENTS TO WELL

APPROXIMATE DEPTH OF WELL 300 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 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-17-0305
70 71 72 73 74 75 76 77 78 79

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.

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 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): MIKE KOTLER 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 - 17-0305
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.

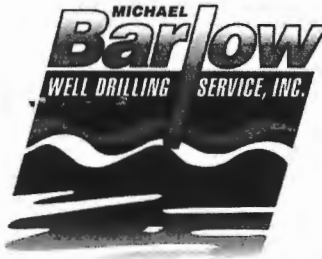
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 05/14/2019 Date Insp. Approved: 5/15/2019 Inspector: [Signature]
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 45" 5/14/2019 @
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly 45" 5/14/2019 @
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade 16" 5/14/2019 @
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

EX HOUSE
05/15/2019
@
? WL
UNDER FOOTER

5/14/19
@
CONFIRM UNDER FOOTER
CONDUIT NOT SEALED OR GWED
CAP IS LOOSE



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed: July 16, 2018

Name of Technician: Joseph Williamson
 Technician License No.: WRO120

Well Depth: 300 feet
 Static Water Level: 38 feet
 Pump Setting: 200 feet

Customer Stanley Miller Trust
 Road 16241 Frederick Rd
 City Woodbine
 State Maryland

Permit # HO-17-0305
 Subdivision Stanley Miller Prop
 Section _____
 Lot # 2

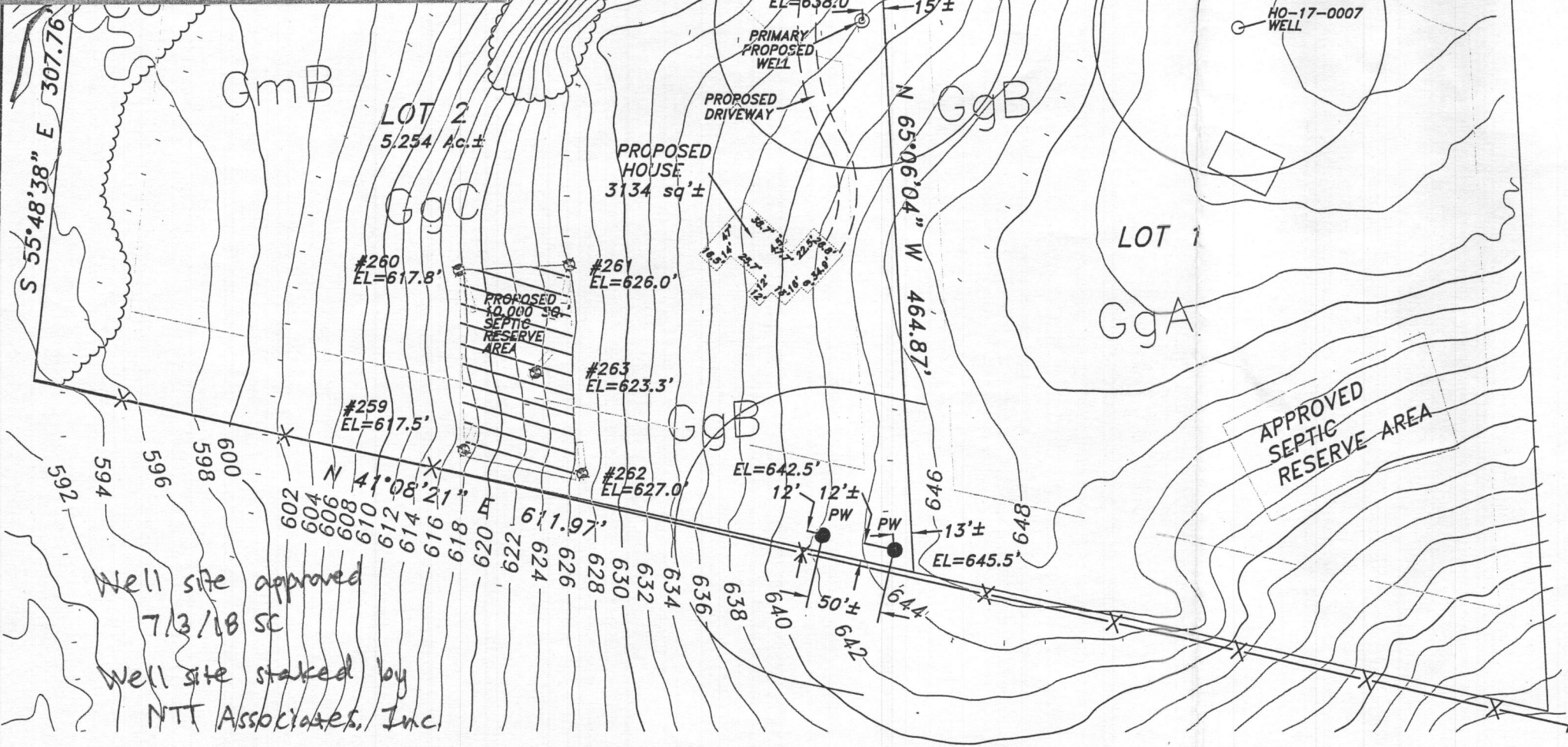
Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	38	5	12.00
10:45 AM	86	7	8.57
11:00 AM	86	7	8.57
11:15 AM	86	7	8.57
11:30 AM	85	7	8.57
11:45 AM	85	7	8.57
12:00 PM	85	7	8.57
12:15 PM	85	7	8.57
12:30 PM	85	7	8.57
12:45 PM	85	7	8.57
1:00 PM	85	7	8.57
1:15 PM	85	7	8.57
1:30 PM	85	7	8.57

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

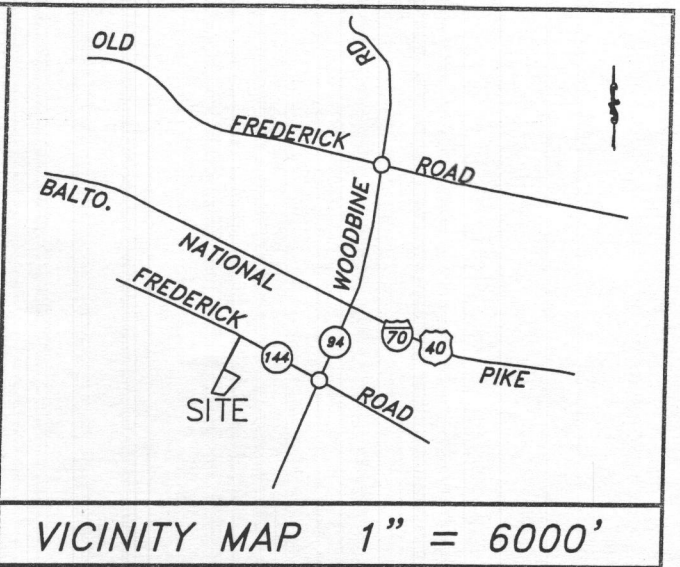
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-17-0305

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



Well site approved
7/3/18 SC
Well site staked by
NTT Associates, Inc.



GENERAL NOTES:

- 1) THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 sq. ft. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- 2) SUBJECT LOT WAS CREATED IN 1977.
- 3) ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- 4) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES LOCATED BY VISUAL INSPECTION ONLY
- 5) ALL EXISTING AND PROPOSED WELLS WITHIN 200' DOWN-GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS LOCATED BY VISUAL INSPECTION ONLY
- 6) SOIL TYPE BOUNDARY LINES USDA WEBSITE ARE
 - (1) Co CODORUS AND HATBORO SILT 0 to 3%
 - (2) GgC GLENELG LOAM 8 to 15%
 - (3) GgB GLENELG LOAM 3 to 8%
 - (4) GmB GLENVILLE SILT LOAM 3 to 8%
 - (5) GgA GLENELG LOAM 0 to 3%
- 7) THE ELEVATIONS SHOWN HEREON ARE THE RESULT OF A FIELD RUN TOPOGRAPHICAL SURVEY PREPARED BY NTT ASSOCIATES, INC. DATED 4/12/2018. THE INFORMATION SHOWN HEREON IS TRUE AND CORRECT. THE ELEVATIONS ARE BASED ON HOWARD COUNTY BENCH MARK 07BM2 AND ARE IN NAVD 1988 DATUM.
- 8) THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY MARYLAND DEPARTMENT OF ENVIRONMENT.
- 9) ● PW REPRESENTS PROPOSED ALTERNATIVE WELL SITES.
- 10) ⊕ REPRESENTS PASSED PERC HOLE.
- 11) ○ REPRESENTS EXISTING WELL.
- 12) ⊖ REPRESENTS TEST PIT OUTLINE.
- 13) ⊙ REPRESENTS PRIMARY PROPOSED WELL SITE.

HOWARD COUNTY, MARYLAND
HEALTH DEPARTMENT

APPROVED FOR PRIVATE WATER AND
PRIVATE SEWERAGE SYSTEMS.

Adrian for Mrs. Roseman 6/25/18
HEALTH OFFICER

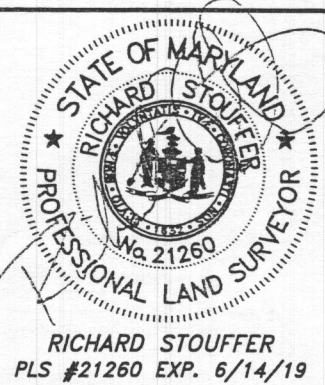
OWNER

Stanley B. Miller Family Trust
16217 Frederick Road
Woodbine, Maryland 21797
Phone: 410 489 7392

THE PURPOSE OF THIS PLAN IS TO ESTABLISH
A PRIVATE SEWAGE DISPOSAL AREA EASEMENT.

0' 100' 200' 300'

This is to certify that I either personally prepared or was in responsible charge over the preparation of this drawing and the surveying work reflected in it, all set forth in Regulation .12 of Chapter 09.13.06 of the Code of Maryland Annotated Regulations.

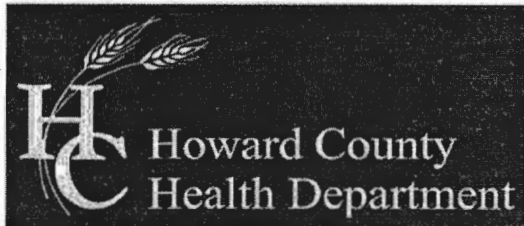


PERCOLATION CERTIFICATION PLAN

LOT 2 STANLEY MILLER PROPERTY
PLAT BOOK 27 PAGE 22
TAX MAP 7, PARCEL 467
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Rd.
Mt. Airy, Maryland 21771
Phone: (410) 442-2031
Fax: (410) 442-1315
www.nttsurveyors.com

Scale: 1" = 100'
Date: 4/27/18
Field By: JCH
Drawn By: JCH/SCK
File No.: MISC 12566c



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

STANLEY MILLER

Subdivision/Property Name

2

Lot #

FREDERICK ROAD

Road Name

The well site has been staked by NTT ASSOCIATES, INC
(professional land surveyor or company employing professional land surveyors)
on 6/29/2018 (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.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 24, 2019

July 24, 2019

Homeowner
16241 Frederick Road
Woodbine, MD 21797

RE: Stanley Miller Property, Lot 2
16241 Frederick Road
Building Permit: B18002577
Well Permit: HO-17-0305

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 **5/7/2019**. Final approval of the well line connection to the dwelling was granted on **5/14/2019**. The well construction was completed on **7/16/2018**. Water samples were collected on **6/26/2019**.

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-17-0305. 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>

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 Environments 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

HOME LAND

L A B S

"Healthy Homes Start Here"
State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 6/28/2019

Client: Well Water Solutions, Inc.

Property Address: 16241 Frederick Road
Woodbine, MD 21797

Report No: 172701

Date & Time Sampled: 06/26/2019 1:15 pm

Date & Time Received: 06/27/2019 11:15 am

Sampled By: Janet Bieber 9006JW (Exp. 9/5/2021)

Preservation: Ice

Sample Point(s): RAW from outside hose bib

Water Conditioning Appears to be: None

General Note: Well chlorinated by builder

BP#: B18002577

Chlorine Residual: 0.0

Field pH: 5.6

Well Type: Drilled

Well Height: 24"

Cap Type: Sanitary

Casing: PVC

Conduit: PVC

Clarity: Clear

Sand: None Observed

Well Tag Number: HO-17-0305

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	06/28/2019
Bacteria-E.coli	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	06/28/2019
Nitrate + Nitrite as N	EPA 353.2	5.5	Pass	mg/l	10	0.5	MAK-353	06/28/2019
Secondary Contaminants								
Parameter	Method	Result	Acceptable /High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	1.3	Acceptable	NTU	10	0.5	AND-353	06/27/2019

Approved By



Kevin Barnaba, Lab Director



HOME LAND ENVIRONMENTAL HEALTH LABS

443-505-8317
 9106 Philad Rosedale MI 48237
 www.homelandhealthyliving.com
 lab@homelandhealthyliving.com

172701 Date Due: 7/1/2019
 Client: Well Water Solutions, Inc.
 Project: _____

Chain Of Custody Form

Client Name Well Water Solutions, Inc.

Site Address: 16241

Address 5163 Darting Bird Lane, Columbia, MD 21044

Frederick Road

Phone 410-935-7185 &/or 301-674-3137

Woodbine, MD 21797

Email jbieber@wellwatersolutions.net & jemoseman@wellwatersolutions.net

Field Collection Information

Collector's Name:	Janet Walker <i>[Signature]</i>
Sampler's ID #:	9006JW Exp: 9/5/21
Collected Date and	<u>6/26/2019 @ 1:15</u>
Well Tag Number:	<u>H0-17-0305</u>

Field pH:	<u>5.6</u>
Field Chlorine:	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Sand:	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Clear At Time of Sample?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was Well Chlorinated?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Well Casing and Cap Condition B18002517

Height Above Grade:	Cap Type:	Casing:	Conduit:
<u>24"</u>	<u>Sanitary</u>	<u>PVC</u>	<u>PVC</u>

Requested Testing: (Please Circle All That Apply)

FHA/VA (Potability +Nitrites, Lead and Iron)	<input type="checkbox"/>	Potability (Bacteria, Nitrates, pH, Turbidity)	<input checked="" type="checkbox"/>
--	--------------------------	--	-------------------------------------

Arsenic	Bacteria	Cadmium	Chlorides	Gross Alpha	Iron
Lead	MTBE	Nitrates	Nitrites	Pesticides	Radium 226/228
Total Hardness	VOC's	Other:	Other:	Other:	Other:

Source: All samples collected RAW from outside hose bib.

Water Conditioning: None. All samples collected RAW from a tap with no water treatment. Note: well chlorinated by builder

Release Signatures

Released By: *[Signature]*
Janet Walker

Date/Time: 6/26/2019 @ 2:30

Released By: *[Signature]*

Date/Time: 6/27/19 11:15

Released By: _____

Date/Time: _____

Received in lab by: *[Signature]*

Date/Time: 6/27 11:15

HOME LAND LABS

"Healthy Homes Start Here"
State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 7/11/2019

Client: Well Water Solutions, Inc.

Property Address: 16241 Frederick Rd
Woodbine, MD 21797
B18002577

Report No: 173371

Date & Time Sampled: 07/08/2019 10:30 am

Date & Time Received: 07/09/2019 11:10 am

Sampled By: John Moseman 0130JM (Exp. 3/14/2022)

Preservation: Ice

Sample Point(s): Raw from first floor bathroom sink

Water Conditioning Appears to be: None

Chlorine Residual: 0.0

Field pH: 5.6

Well Type: Drilled

Well Height: 24"

Cap Type: Sanitary

Casing: PVC

Conduit: PVC

Clarity: Clear

Sand: None Observed

Well Tag Number: HO-17-0305

Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colitag Test	Absent	Pass	Per/100ml	Present	1	ADM-353	07/10/2019
Bacteria-E.coli	Colitag Test	Absent	Pass	Per/100ml	Present	1	ADM-353	07/10/2019

Approved By



Kevin Barnaba, Lab Director



HOME LAND ENVIRONMENTAL HEALTH LABS

443-505-8375
 9106 Philadelphia Road
 Rosedale MD 21237
 www.homelandhealthyhomes.com
 lab@homelandhealthyhomes.com

173371 Date Due: 7/11/20
 Client: Well Water Solutions, Inc.
 Project

Chain Of Custody Form

Client Name Well Water Solutions, Inc.

Site Address: 16241

Address 5163 Darling Bird Lane, Columbia, MD 21044

Frederick Road

Phone 410-935-7185 &/or 301-674-3137

Woodbine, MD 21797

Email jbieber@wellwatersolutions.net & jmoseman@wellwatersolutions.net

Field Collection Information

Collector's Name:	Janet Walker <u>John Moseman</u>
Sampler's ID #:	<u>0006.NW Exp: 04/24</u>
Collected Date and	<u>7/8/2019 @ 10:30</u>
Well Tag Number:	<u>H017-0305</u>

Field pH:	<u>5.6</u>
Field Chlorine:	Present <input checked="" type="radio"/> Absent <input type="radio"/>
Sand:	Yes <input type="radio"/> No <input checked="" type="radio"/>
Clear At Time of Sample?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was Well Chlorinated?	Yes <input type="radio"/> No <input checked="" type="radio"/>

Well Casing and Cap Condition *Bldg Permit # B18002577

Height Above Grade:	Cap Type:	Casing:	Conduit:
<u>24"</u>	<u>Sanitary</u>	<u>PVC</u>	<u>PVC</u>

Requested Testing: (Please Circle All That Apply) W

FHA/VA (Potability +Nitrites, Lead and Iron)			Potability (Bacteria, Nitrates, pH, Turbidity)		
Arsenic	<input checked="" type="checkbox"/> Bacteria <input checked="" type="checkbox"/>	Cadmium	Chlorides	Gross Alpha	Iron
Lead	<input type="checkbox"/> MTBE	Nitrates	Nitrites	Pesticides	Radium 226/228
Total Hardness	<input type="checkbox"/> VOC's	Other:	Other:	Other:	Other:

Source: <input checked="" type="checkbox"/> Bacteria Sample Collected RAW No Treatment from first floor Bathroom Sink. All Other Samples collected RAW No Treatment from the Kitchen Sink.	Water Conditioning: <input checked="" type="checkbox"/> None / All Samples collected RAW from a tap NOTE: The Property does not have Water Treatment. All Samples collected from a tap with No Water Treatment "RAW".
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* Please return COC with the Lab Results

Release Signatures

Released By: [Signature]
~~Janet Walker~~ John Moseman

Date/Time: 7/8/19 @ 10:30

Released By: [Signature]

Date/Time: 7/9/19 11:10

Released By: _____

Date/Time: _____

Received in lab by: [Signature]

Date/Time: 7/9 11:10am