

C1 08062

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.

COUNTY NUMBER A 49981

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

ST/CO USE ONLY DATE RECEIVED 10 5 13

DATE WELL COMPLETED 10 30 2013

Depth of Well 190' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2601

OWNER Howard Horse LLC WELL SITE ADDRESS Mullinix Mill Rd TOWN Mt Airy SUBDIVISION Harry N. Shipe Property SECTION LOT 3

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale (0-80) and Blue Rock (80-190).

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (Steel, Concrete, Plastic, Other)

MAIN CASING TYPE (St), Nominal diameter top (main) casing (6), Total depth of main casing (84)

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

SCREEN RECORD screen type or open hole (Steel, Brass, Open Hole, Plastic, Other)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

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

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

DRILLERS LIC. NO. MSD024 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. MSD027

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

DEPTH (nearest ft.) 82 190 CASING HEIGHT (+) above LAND SURFACE (-) below 2 (nearest foot)

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

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 54 ft. TYPE OF PUMP USED (for test) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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. 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 (-) below 2 (nearest foot)

LATITUDE 39.29756 LONGITUDE 77.14135 (DEFAULT COORD. WGS 84)

NOTES:

B 1 12103

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-95-2601

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Howard Horse, LLC
15 Last Name Owner First Name
36 Mullinix Mill Rd
57 mt. Airy md 21771
70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21
Harry N. Shipe Property
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
52 NEAREST TOWN mt. Airy 71

DRILLER INFORMATION

Joseph L Mayre M SD 024
Driller's Name 76 License No. 81
Joseph L Mayre Well Drilling
5512 Ridge Rd Mt. Airy Md 21771
Address
Joseph L Mayre 9-18-13
Signature Date

SOURCES OF DRILLING WATER

1. well
2.
3.

Mullinix Mill Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 900 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 500
AVERAGE DAILY QUANTITY NEEDED 14 20
(GAL. PER DAY)

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 A49981 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/22/2013
43 MM DD YY 48 CO SIGNATURE EXP. DATE 10/22/14

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

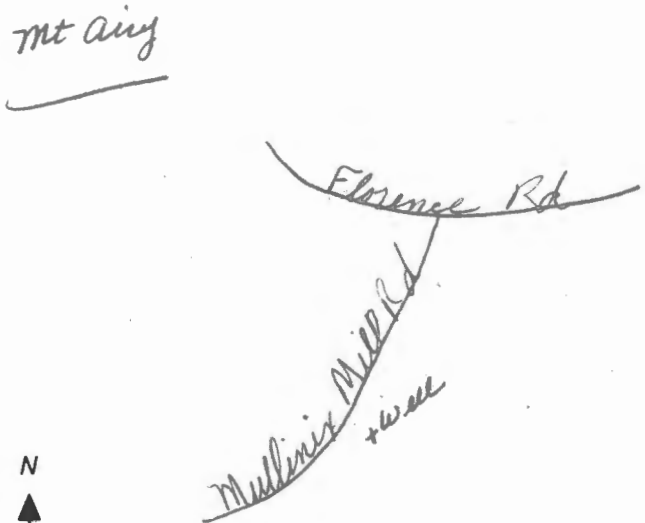
METHOD OF DRILLING (circle one)

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

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



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

APPROX. PERMIT NUMBER G
PERMIT No. HO-95-2601

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: All Around Plumbing Telephone #: 301-698-1028
Address: PO BOX 3596
Frederick, MD 21701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): J. Brendan Madden License# 18121

***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: Howard Horse LLC Telephone #: 2405083200
Subdivision: Harry N. Shipe Lot #: 3 Well Tag #: HO - -
Site Address: 2595 Mullinix Mill Road
Mount Airy, MD 21771

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Goulds
Model#: 7GS07422C
Depth: 150' (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

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

House Connection

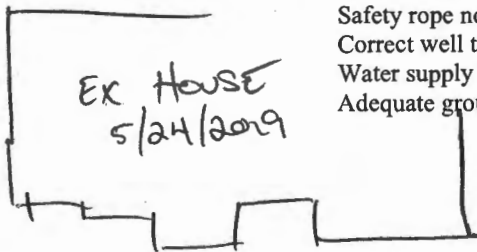
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve(5' minimum from foundation): 140'
Sleeve sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

J. Brendan Madden, Pres. 05/22/2019
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/24/2019 Date Insp. Approved: 6/12/2019 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MARCH 27, 2020

September 27, 2019

Homeowner
2595 Mullinix Mill Road
Mt. Airy, MD 21771

RE: Shipe Property, Lot 3
2595 Mullinix Mill Road
Building Permit: B19000221
Well Permit: HO-95-2601

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 **6/6/2019**. Final approval of the well line connection to the dwelling was granted on **6/12/2019**. The well construction was completed on **10/30/2013**. Water samples were collected on **9/12/2019, 9/22/2019**.

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-95-2601. 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.**

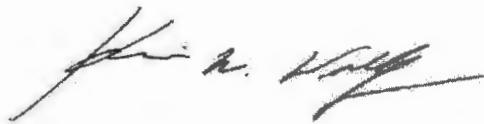
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

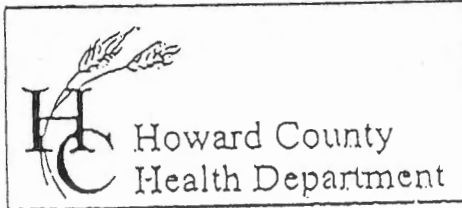
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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:

Harry N. Shippe Property 3
 Subdivision/Property Name Lot#

Mullinix Mill Rd
 Road Name

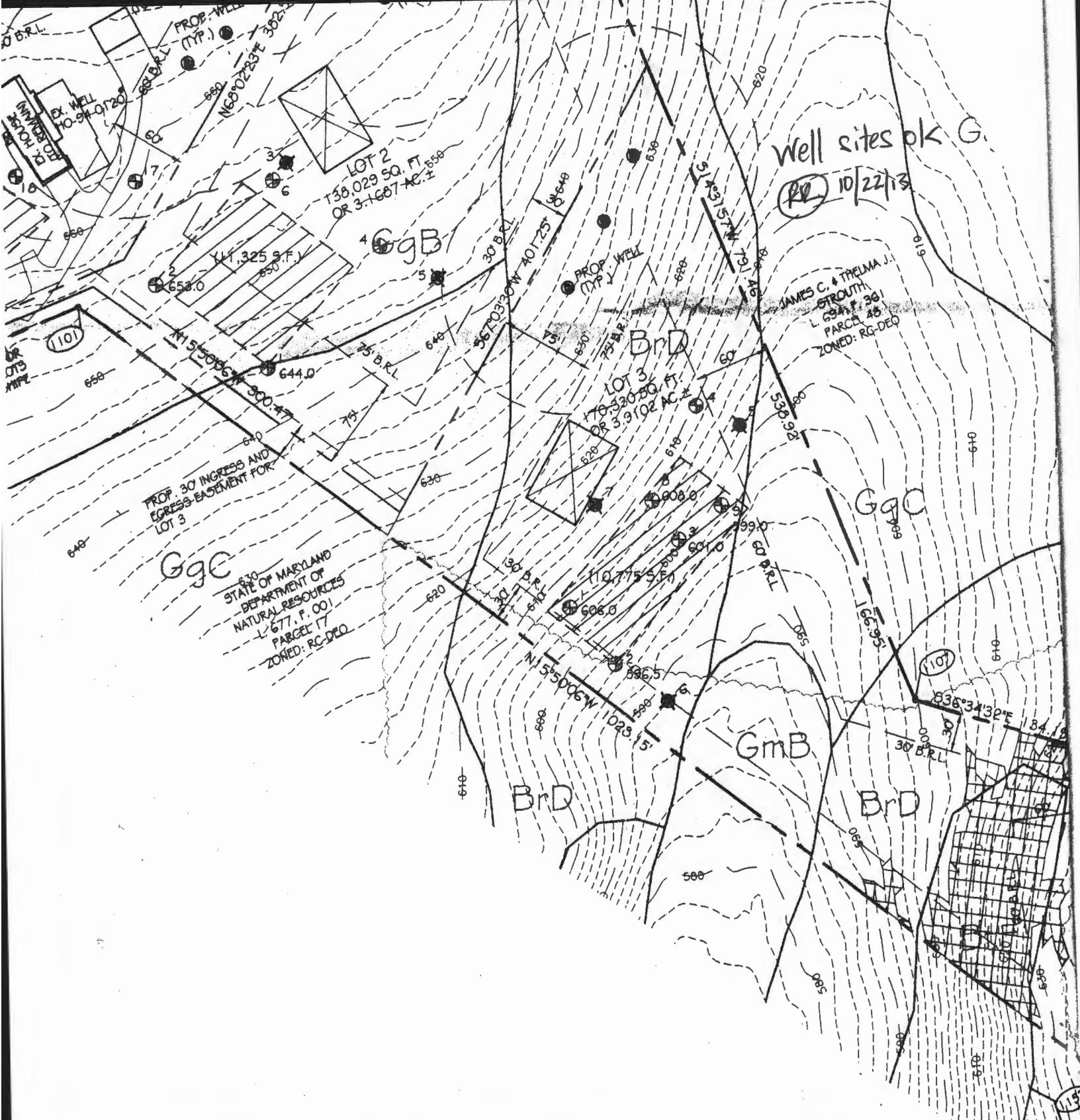
- The well site has been staked by VanMar Associates Inc
 (professional land surveyor or company employing professional land surveyors)
 on Week of 9-16-13 (date) and does not require a site inspection.

- 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

Howard Horse LLC



I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21266, EXPIRATION DATE 9/9/15.

T. Michael Vansant

T. MICHAEL VANSANT, PROF. LAND SURVEYOR

9/6/2013

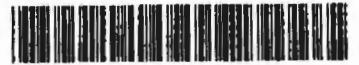
DATE



ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUST

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX



176629 Date Due:
Client: Hague Quality Water
Project:

Company Name, Address Phone & Fax

Testing Address

Hague

2595 MULLINIX MILL RD
STREET
Mt. Airy, MD
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 9/23/19 Time 4:15pm Well Tag #:

Collectors Name: TIM EDWARDS Certification # TE8309 Expires 7/23

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.7 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: PRESSURE TANK Chemicals: Lead:

Bacteriological Test [X] Next Day 11:30 Next Day 3:30 2 Day
FULL Chemical Analysis Next Day 2 Day 3 Day
(Iron, Nitrite/Nitrate, Turbidity, Lead)
BASIC Chemical Analysis Next Day 2 Day 3 Day
(Iron, Nitrite/Nitrate, Turbidity)
Lead Arsenic Next Day 2 Day 3 Day
Cadmium 2 Day 4 Day 6 Day
Radium Gross Alpha One Week 2 Week

Special Instructions :

Released By: [Signature] Date: 9/23/19 Time 4:45 Received By: [Signature]
Released By: Date: Time Received By:

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen
Received in LAB By: [Signature] Date: 9/23/19 Time 4:45pm



Environmental Testing Lab, Inc.

A division of Home Land Environmental

108 Old Solomons Island Rd
Annapolis, MD 21401

3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality Laboratory # 106

State Certified Water Quality Laboratory # 139

Certificate of Analysis

Rebecca Amy
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 9/23/2019
Date Reported 9/24/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 176629-01 Sampled: 9/23/2019 4:15:00 Sampler: TEdwards8309TE (Exp. 5/14/2022)
Location: 2595 Mullinix Mill Rd
Mt. Airy, MD Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	09/23/2019	-
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/23/2019	-

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested

Approved By *Daniel L. Butman*
Lab Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUST

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 44



176624 Date Due:
Client: Hague Quality Water
Project:

Company Name, Address Phone & Fax

Testing Address

Hague

2595 MULLINIX MILL RD
STREET
MT. AIRY, MD 21771
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service _____ Email _____

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 9/22/19 Time 4:00pm Well Tag #: _____

Collectors Name: TIM EDWARDS Certification # TE 8309 Expires 7/23

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.7 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: PRESSURE TANK Chemicals: _____ Lead: _____

Bacteriological Test Next Day 11:30 _____ Next Day 3:30 _____ 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) _____ Next Day _____ 2 Day _____ 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) _____ Next Day _____ 2 Day _____ 3 Day

____ Lead _____ Arsenic _____ Next Day _____ 2 Day _____ 3 Day

____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions : _____

Released By: TE Date: 9/23/19 Time: 3:15pm Received By: LC

Released By: _____ Date: _____ Time: _____ Received By: _____

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LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: LC Date: 9/23/19 Time: 3:15pm



Environmental Testing Lab, Inc.

A division of Home Land Environmental

108 Old Solomons Island Rd
Annapolis, MD 21401

3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality Laboratory # 106

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Certificate of Analysis

Rebecca Amy
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 9/23/2019
Date Reported 9/24/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 176624-01 Sampled: 9/22/2019 4:00:00 Sampler: TEwards8309TE (Exp. 5/14/2022)
Location: 2595 Mullinix Mill Rd
Mt. Airy, MD 21771 Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	09/23/2019	-
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/23/2019	-

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested

Approved By *Daniel L. Butman*
Lab Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY
ANNAPOLIS **WALDORF**
 410-224-4304 FAX 443-926-0586 410-224-4304 FAX

176244 Date Due: 9/13/20
 Client: Hague Quality Water
 Project:

Company Name, Address Phone & Fax

Testing Address

Hague

2595 MULLINIX MILL RD
 STREET
 GAITHERSBURG MD
 CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 9-12-19 Time 2:30 Well Tag #: HO-05-2601
 Collectors Name: TIM EDWARDS Certification # TE8309 Expires 7/23
 Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
 pH: 5.9 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO
 Sand present? YES NO If "YES" submit one liter of sample to lab for testing
 Sample Tap Bacteria: SLOP SINK Chemicals: SLOP SINK Lead: _____

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day
FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day
BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day
 Lead Arsenic Next Day 2 Day 3 Day
 Cadmium 2 Day 4 Day 6 Day
Radium Gross Alpha One Week 2 Week

Special Instructions : _____

Released By: [Signature] Date: 9/12/19 Time: 3:30 Received By: _____
 Released By: _____ Date: _____ Time: _____ Received By: _____

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 TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen
 Received in LAB By: [Signature] Date: 9/12/19 Time: 15:30
 Ver: 08042015



Environmental Testing Lab, Inc.

A division of Home Land Environmental

108 Old Solomons Island Rd
Annapolis, MD 21401

3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality Laboratory # 106

State Certified Water Quality Laboratory # 139

Certificate of Analysis

Rebecca Amy
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 9/12/2019
Date Reported 9/17/2019
Well Permit No. HO 05 2601

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.


Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 176244-01 Sampled: 9/12/2019 2:30:00 Sampler: TEdwards8309TE (Exp. 5/14/2022)
Location: 2595 Mullinix Mill Road Preservation: Ice
Gaithersburg, MD Sample Point: Slop Sink

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Present/Fail		Per/100ml	1	09/12/2019	SL-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/12/2019	SL-106
Iron, Total	SM 3500 D	0.07		mg/l	0.05	09/13/2019	Nise-139
Turbidity	EPA 180.1	2		NTU	0.5	09/13/2019	RM-139
Nitrate + Nitrite as N	EPA 353.2	5.1		mg/l	0.5	09/13/2019	Nise-139
pH	Field	5.9	X Secondary	pH Units	1	09/12/2019	-

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

X A result qualified with an "X" DOES NOT meet EPA Drinking Water Standards. EPA has Primary Standards (health related, enforceable) and Secondary Standards (non-health related, non-enforceable). Refer to page two of this report, the case narrative, to see if the parameter with an "X" is a "Primary" or a "Secondary". The narrative is available online at www.MyWaterTesting.com under documents. We can only discuss these results with the person or Company that this report is address to.

Approved By 
Lab Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

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