

C1 46070

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

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0011

OWNER BOARMAN George WELL SITE ADDRESS last name Andrew Drive first name TOWN WEST FRIENDSHIP SUBDIVISION PAUPERS TOLLY SECTION LOT 2

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown clay, Brown Mica, Sand stone, Gray mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 300 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 47 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 56

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56, 60

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 68 19' WHEN PUMPING 69 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above 49 below 2 (nearest foot)

LATITUDE 39.212861 LONGITUDE 76.984494 (DEFAULT COORD. WGS 84)

Pursuant to 88-624 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 YES NO Y N

- 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 MWD 040 DRILLERS SIGNATURE George J. Eastenberg

LIC. NO. 1 JSD 038

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

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

TAG: 3/22/17 (SC)

B 1 SEQUENCE NO. (MDE USE ONLY) **47504** **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-17-0011**
APPLICATION FOR PERMIT TO DRILL WELL please type **500516A** **fill in this form completely**

OWNER INFORMATION
 Date Received (APA) **02/23/17**
 8 MM DD YY 13
BORMAN BOARMAN **GEORGE**
 15 Last Name Owner First Name 34
3625 ANDREA DRIVE
 36 Street or RFD 55
WEST FRIENDSHIP, MD 21794
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
Howard
 8 COUNTY 21
Paupers Folly
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
West Friendship
 52 NEAREST TOWN 71

DRILLER INFORMATION
George F. Easterday **M** **D** **040**
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday **1/23/2017**
 Signature Date

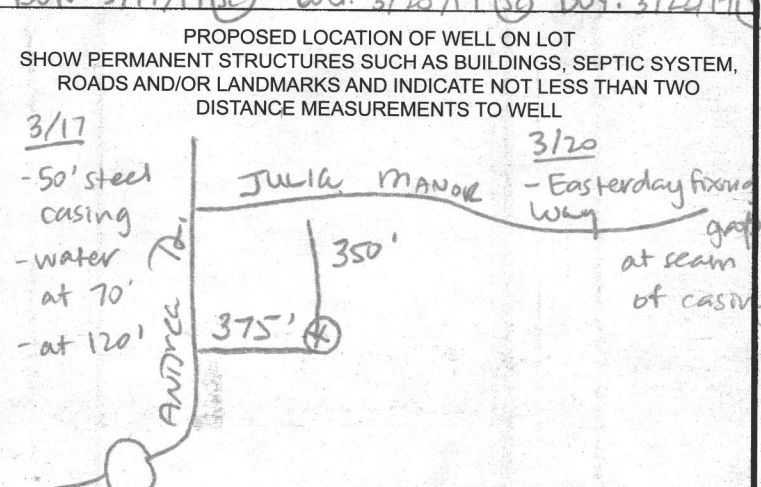
SOURCES OF DRILLING WATER
 1. **wells**
 2.
 3.
Andrea Drive
 11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: **22** BLK: **8** PARCEL **116**

WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **8** **12**
 AVERAGE DAILY QUANTITY NEEDED (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 **2/7/17** **Sgt. Call** **2/7/18**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
DNI
DON: 3/17/17 (SC) DOG: 3/20/17 (SC) DOY: 3/22/17 (SC)

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** 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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL 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)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-17-0011**
 70 71 72 73 74 75 76 77 78 79

3/22 - pump @ 360'
- 19' static level
- 66 meas. pt.
- 8 gpm
- pump start 6:30 am
- called Na.
+ TDS samples @ 10:15 am

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- **The Health Dept. must receive advance notification of all drilling, grouting, + yield tests.**
Sodium, chloride, + TDS samples req'd at yield.
 MDE/WMA/PER.071

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410) 513-1771 FAX: (410) 513-2648**

Information Form for the Installation of the Well Pump, Piless Adapter, and Supply Line

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 5670
Address: 880 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 be on site for 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: NV Homes Telephone #: _____
Subdivision: Beverly Estates Lot #: 2 Well Tag #: HO-17-0011
Site Address: 13715 Terres Dr
West Friendship, MD 21794

<u>Seamless Pump Data</u>	<u>Piless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Material: <u>Galv</u>	Material: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>TMS10422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>7</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>100</u> (feet)	Conduit secured to well cap: <u>YES</u>	
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
Tongue anastom, Cable guards, or other acceptable method used - <u>Most circle one</u>		
Safety rope, if used, attached to tress rope adapter or other acceptable method <u>inside of well casing</u> : <u>NA</u>		

<u>Fixture in house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>240</u> (50 psi min)	Length of sleeve: <u>5'</u> (minimum 5' minimum)
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 18 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: 10/25/19

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

Date Insp Requested: 10/25/19 Date Insp Approved: 12/12/19 Inspector: ST

Inspection Data: Piless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	42"
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"/>	46"
Safety rope not outside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	12" <u>10/25/19 must replace tag</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below piless adapter	<input checked="" type="checkbox"/>	

10/25/19 Well damaged twice, by truck backing into it. Cap has been replaced twice. Casing raised about 11"; Sent Fogle a new well tag. Verify new well tag installed **(ST)**

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – JUNE 18, 2019

December 18, 2019

Homeowner
13715 Tergeo Drive
West Friendship, MD 21794

RE: Belvedere Estates, Lot 2
13715 Tergeo Drive
Building Permit: B19002678
Well Permit: HO-17-0011

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 **10/30/2019**. Final approval of the well line connection to the dwelling was granted on **12/17/2019**. The well construction was completed on **3/20/2017**. Water samples were collected on **12/3/2019, 12/13/2019, 12/16/2019**.

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-17-0011. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

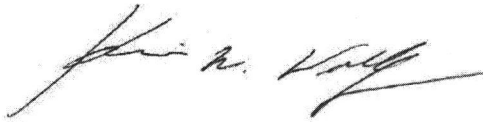
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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

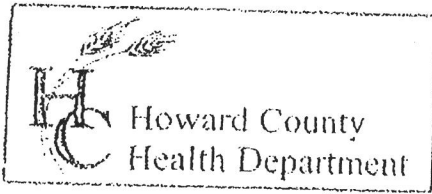
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

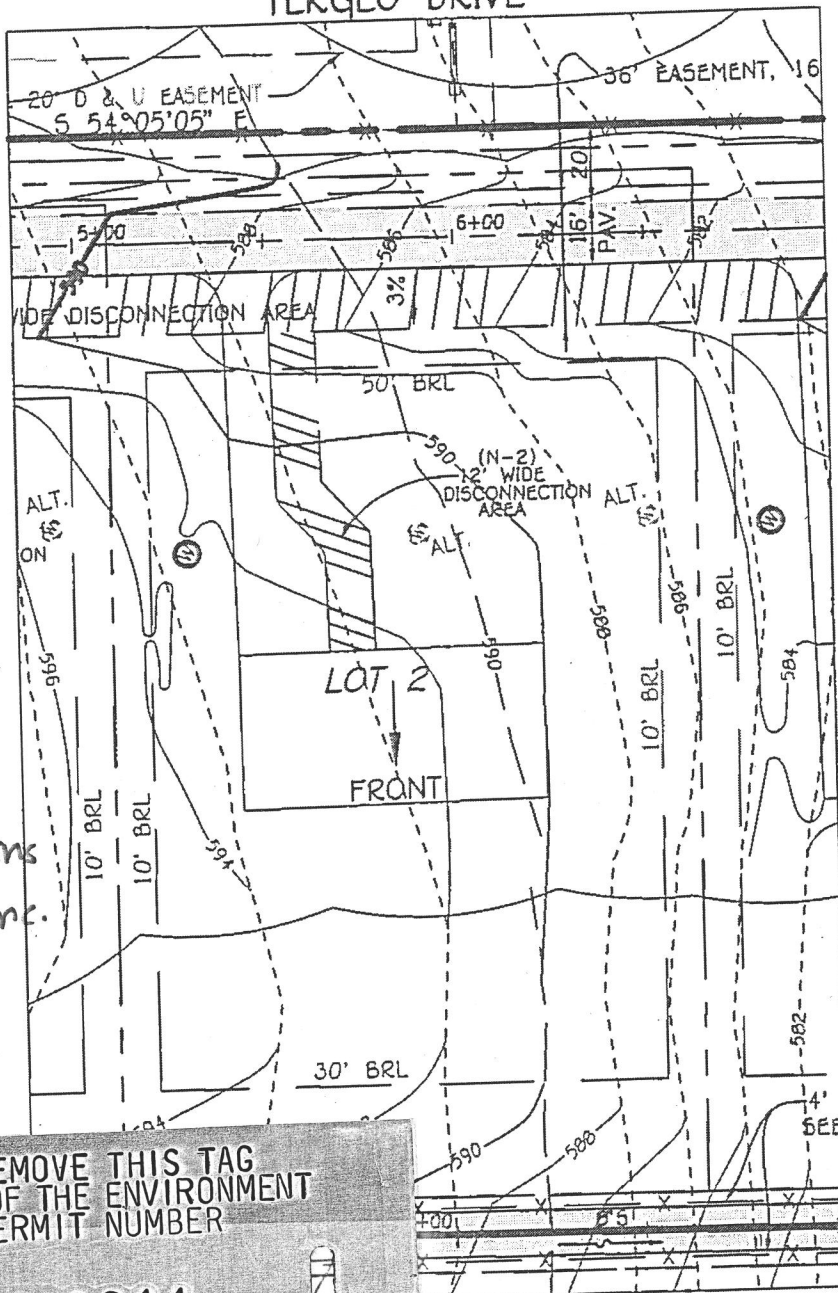
- The well site has been staked by Fisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 1-25-17 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet 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 6/10/03

Paupers Folly

PRIVATE USE-IN COMMON DRIVEWAY
TERGEO DRIVE



Well sites
 approved
 2/7/17 SC

Well sites
 staked by
 Fishers, Collins
 + Carter, Inc.

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

H0-17-0011

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

PLAN

Scale: 1" = 50'

	Longitude	Latitude
9904	W76° 59' 03.91"	N39° 16' 23.70"

LOT 2 WELL MAP

PAUPERS FOLLY

**LOTS 1-11, BUILDABLE PRESERVATION PARCEL 'A'
 AND NON-BUILDABLE PRESERVATION PARCEL 'B'**

ZONED: RR-020
 TAX MAP No. 22 GRID No. B PARCEL No. 116 & P/O No. 7
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 DATE: JANUARY 20, 2017
 SHEET 2 OF 11

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 481 - 2255

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

February 23, 2018

Homeowner
13715 Tergeo Drive
West Friendship, MD 21794

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 4.10 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 12 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 158 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

*Cc: Community Hygiene Program
File*

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


E17003703002
 Received: 03/23/2017
 Metals HO-17-0011

LABORATORY ANALYSIS REQUEST

Please Print

Digest

Sample ID No: HO-17-0011 Site Name: Paupers Folly - Lot 2 County: Howard

Sample Source: Andrea Drive Dayton Collector: S. Collins
Street Town or City Name

Date Collected: 3 / 22 / 20 17 Time Collected: 10:15 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
 Preservative Used: HNO₃ _____ mL pH: <2, 3/23/17, SHS

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>245</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ___ / ___ / ___

• Phone: (443) 681-3857

• Fax: (443) 681-4507



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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: E17003703 Date Coll.: 03/22/2017 Date Received 03/23/2017 Submitted By: Collins

Field ID: HO-17-0011
Lab No.: E17003703002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	4.10	ppm	03/31/2017

Comments:

Approved by: Sadia Muneer

Approval date: 04/04/2017

**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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

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 #: 134393	Account #: 1933
Reference: Belvedere Estates	Company: Fogles Well Pump & Treatment
Location: 13715 Tergeo Drive	Requested By: Dave Fogle
West Friendship, MD 21794	Source: Well Water
Date/ Time Collected: 12/3/2019 0730	Site: Pressure Tank
Date/Time Rec'd: 12/3/2019 1325	Treatment: None
Chlorine ppm: Free: ND Total: ND	pH: 6.6
Collected By: J. Evans 0309JE	Well #: HO-17-0011

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	12/4/2019 / 0800 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/4/2019 / 0800 / RER
Nitrate	4.13	mg/L	10	601	12/3/2019 / 1445 / RER
Turbidity	48.0	NTU	<10	SM20 2130B	12/3/2019 / 1455 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/3/2019 / 1455 / RER
Iron	3.40	mg/L	0.3*	FR, 45 (126)	12/3/2019 / 1440 / RER

NOTES


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

Reason for Test : Use & Occupancy
 Building Permit # : 19000637

Date Reported: 12/4/2019

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8950 Stanford Blvd.
 Columbia, MD 21045

State of Maryland
 DHMH-Laboratories Administration
 Division of Environmental Chemistry
 INORGANICS ANALYTICAL LABORATORY
 1770 Ashland Ave
 Baltimore, Maryland 21205
WATER ANALYSIS

L

E17003702002
 Received: 03/23/2017
 Inorganic HO-17-0011
 Do not write above this line.

SAMPLED

Bottle Number HO-17-0011 Name Paupers Folly - Lot 2 County Howard County Code

Location Andrea Drive Dayton Data Category Code

Collected: Date 3/22/17 Time 10:15 am Collector & Phone S. Collins 410-313-6287 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community <input type="checkbox"/>	Source (raw water) Distribution (treated) MCL <input checked="" type="checkbox"/>	Emergency Routine Recheck Special <input type="checkbox"/>	Federal Project <input type="text" value="S"/>
Landfill <input type="checkbox"/>	Private <input checked="" type="checkbox"/>			
Stream <input type="checkbox"/>	Other <input type="checkbox"/>			

FIELD

Plant No. Sampling Station Preservation: Iced Acid Type of Acid

pH Chlorine: Free Total ^{K^m} Specific Conductance

Notes to Lab/Remarks: Sample collected during yield test

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested Section Chief _____ Date Reported _____



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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 NoE17003702 Date Coll. 03/22/2017 Date Received 03/23/2017 Submitted By: S. Collins

Field ID: HO-17-0011
Lab No.: E17003702002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	12	mg/L	03/27/2017
Total Dissolved Solids	SM 2540C	158	mg/L	03/24/2017

Comments:

Approved by: _____

Approval date: 04/03/2017

*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.

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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 #: 134662 Account #: 1933
Reference: Belvedere Estates Lot 2 Company: Fogles Well Pump & Treatment
Location: 13715 Tergeo Drive Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 12/13/2019 1300 Site: Basement Bar
Date/Time Rec'd: 12/13/2019 1342 Treatment: Sediment Filter/Iron Softener
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: B. Wilkerson 9315BW Well #: HO-17-0011

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/14/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/14/2019 / 0900 / CRS
Turbidity	0.82	NTU	<10	SM20 2130B	12/13/2019 / 1405 / RER
Iron	0.08	mg/L	0.3*	FR, 45 (126)	12/13/2019 / 1400 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19000637

Date Reported: 12/14/2019

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 #: 134686 Account #: 1933
Reference: Belvedere Estates Lot 2 Company: Fogles Well Pump & Treatment
Location: 13715 Tergeo Drive Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 12/16/2019 1315 Site: Basement Bar
Date/Time Rec'd: 12/16/2019 1355 Treatment: Iron Softener/**
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: B. Wilkerson 9315BW Well #: HO-17-0011

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.28	NTU	<10	SM20 2130B	12/17/2019 / 0900 / CRS

NOTES

- 1 **Sediment Filter bypassed at time of sampling
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 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 # : 19000637

Date Reported: 12/17/2019