

C1 46079

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown clay, Brown Mica, Sand stone, Gray Mica, Brown Mica, Gray Mica opening, Gray Mica.

GROUTING RECORD form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth of main casing.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, diameter, depth.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

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...

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

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

DEPTH (nearest ft.) table with columns for depth intervals and values.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.270301, LONGITUDE 76.982749 (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.

B 1  
47514

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-17-0020

fill in this form completely

50516J please type

Date Received (APA)

012317

OWNER INFORMATION

8 MM DD YY 13  
BORMAN BOARMAN GEORGE

15 Last Name Owner First Name 34

36 3625 ANDREA DRIVE

55 WEST FRIENDSHIP, MD 21794

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

76 License No. 81

Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

Signature George F. Easterday 1/23/2017

Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE  
(GAL. PER MIN.)

5  
8 500 12

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jettied & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROtary
- DRive-POINT

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 DEEPEEN 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-17-0020

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

The Health Dept. must receive advance notification

Sodium, chloride, + TDS samples req'd at yield.

B 3 LOCATION OF WELL

Howard COUNTY

Paupers Folly SUBDIVISION

SECTION 44 48 LOT 48 50

West Friendship NEAREST TOWN

B 4

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3. HCHO
- 2/28
- 40' tremie
- bentonite
- 3/2
- 2 gpm, 190' measuring pt

Andrea Drive

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 2500 37 1300

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 8 PARCEL 116

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard COUNTY NO. 13

STATE SIGNATURE INSERT S 41

DATE ISSUED 2/17/17

43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 2/21/17 DOG: 2/28/17 DOY: 3/2/17

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

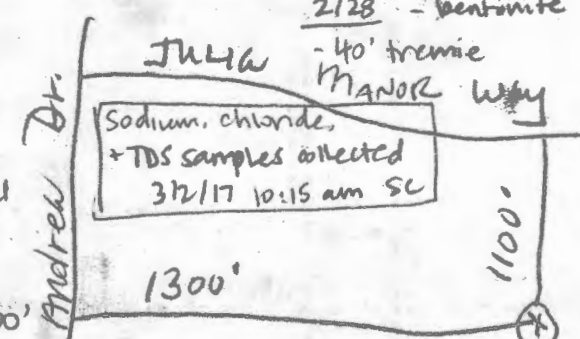
2/22 started drilling today

2/23 - setting 100' steel casing

2/23 - well 600' - 2 gpm water

- hit water at 435'

2/27 - water leaking from cap - need artesian cap



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 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.

FIELD DATA SHEET  
 HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-17-0020 Election District \_\_\_\_\_  
 Location of Property (road) Andrew Dr.  
 Subdivision Paupers Folly Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller K. H. Stensley Owner George Boardman  
 Depth of Well 600 - 2 gpm  
 Distance of Measuring Point (M.P.) above ground 2'  
 Static Water Level (S.W.L.) below M.P. 0

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 G.P.M.  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	<u>Pump set 350'</u> <del>FLOW METER READING</del> (if used)	<u>7.8</u> <u>sq</u> CALCULATED FLOW (gallons per min.)
8:30	190'	30 sec.		2
8:45	190'	30 sec.		2
9:00	190'	30 sec.		2
9:15	190'	30 sec.		2
9:30	190'	30 sec.		2
9:45	190'	30 sec.		2
10:00	190'	30 sec.		2
10:15	190'	30 sec.		2
10:30	190'	30 sec.		2
10:45	190'	30 sec.		2
11:00	190'	30 sec.		2
11:15	190'	30 sec.		2
11:30	191'	30 sec.		2
11:45	191'	30 sec.		2
12:00	191'	30 sec.		2
12:15	191'	30 sec.		2
12:30	191'	30 sec.		2
12:45	191'	30 sec.		2
1:00	191'	30 sec.		2
1:15	191'	30 sec.		2
1:30	191'	30 sec.		2
1:45	191'	30 sec.		2
2:00	191'	30 sec.		2
2:15	191'	30 sec.		2
2:30	191'	30 sec.		2

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

**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: \_\_\_\_\_ 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 - A - 0020  
 Site Address: \_\_\_\_\_

*03/18/2020*

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM 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

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

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

**Piping to house**

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
 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: 03/18/2020 Date Insp. Approved: 03/18/2020 Inspector: \_\_\_\_\_  
 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

*46" 03/18/2020*  
*25" 03/18/2020*  
*30" 03/18/2020*

*HOUSE @  
03/18/2020*

(Revised form 10/24/2018)





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 NoE17003419 Date Coll. 03/02/2017 Date Received 03/03/2017 Submitted By: S. Collins

Field ID: HO-17-0020  
Lab No.: E17003419002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/13/2017
Total Dissolved Solids	SM 2540C	135	mg/L	03/06/2017

### Comments:

Approved by: \_\_\_\_\_

*Shahen Aveli*

Approval date: 03/15/2017

\*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

Send Report To: Bert Nixon  
Howard Co Health Dept.  
Bureau of Environmental Health

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

  
**E17003420002**  
Received: 03/03/2017  
Metals HO-17-0020

Do not write above this line

8930 Stanford Blvd.  
Columbia, MD 21045

### LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: H0-17-0020 Site Name: Paupers Folly - Lot 11 County: Howard

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

Date Collected: 3/2/2017 Time Collected: 10:15 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By:  Field  ESRL  WMRL  Central Lab  
Preservative Used:  HNO<sub>3</sub> mL:          pH: <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>ONS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: \_\_\_\_\_

Date Reported:   /  /  

• Phone: (443) 681-3857 • Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland  
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: E17003420 Date Coll.: 03/02/2017 Date Received 03/03/2017 Submitted By: Collins

Field ID: HO-17-0020  
Lab No.: E17003420002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.13	ppm	03/08/2017

### Comments:

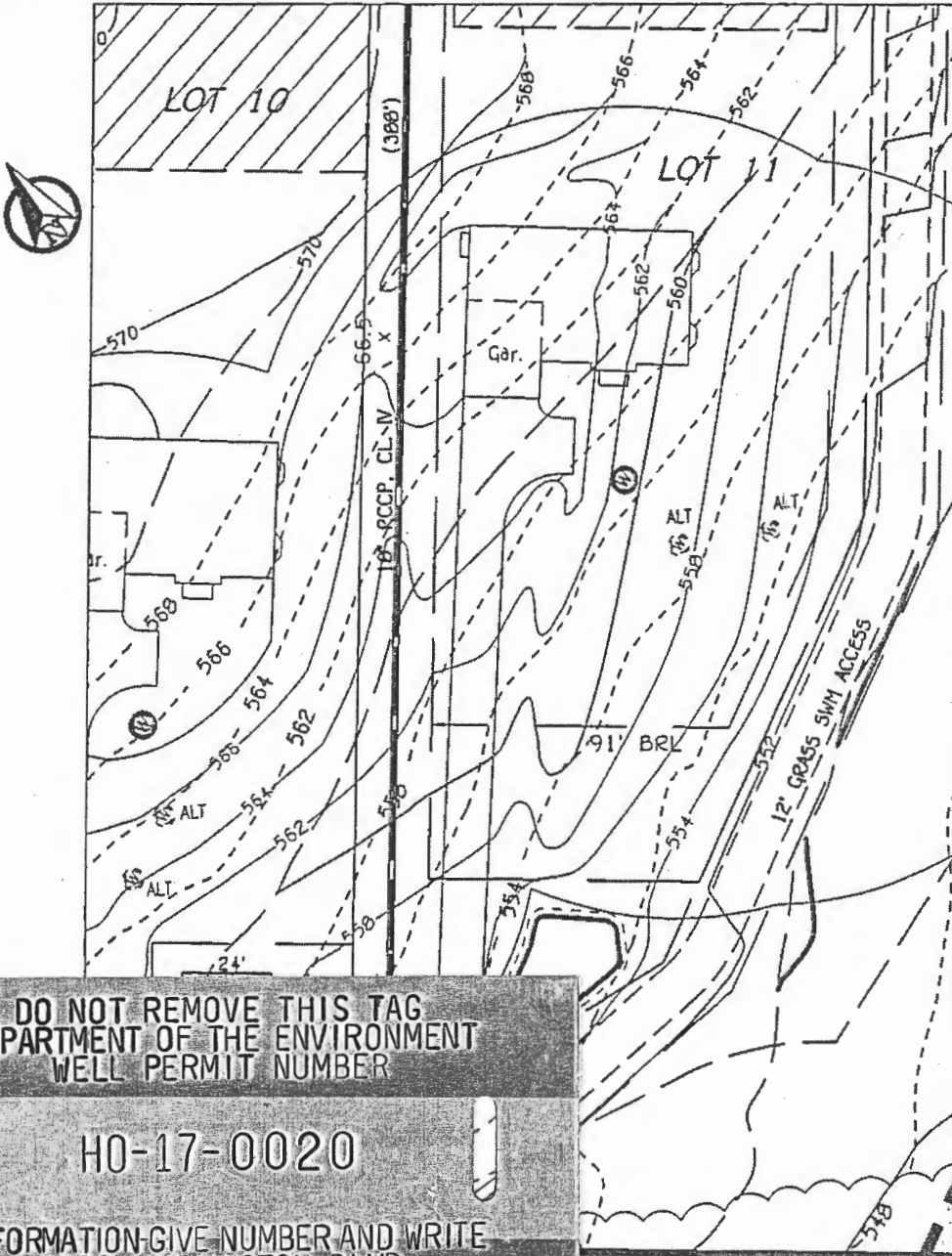
Approved by: *Sadia Muneer*

Approval date: 03/15/2017

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

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Lot #	Northing	Easting	Longitude	Latitude
LOT 11	504033.4080	1317258.7319	W76° 58' 57.37"	N39° 16' 13.09"



Well sites approved  
2/7/17 SC  
Well sites staked  
by Fisher, Collins  
& Carter, Inc.

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

HO-17-0020

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

PRIVATE ACCESS PLACE

PLAN

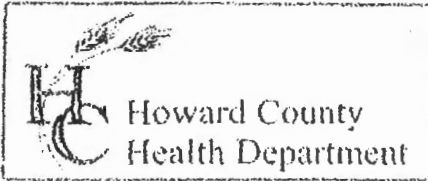
Scale: 1" = 50'

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-8000

LOT 11 WELL MAP  
**PAUPERS FOLLY**

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

ZONED: RR-DEO  
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 11 OF 11



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*



**HOWARD COUNTY  
HEALTH DEPARTMENT**

**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**

February 26, 2018

Homeowner  
3651 Paupers Folly Lane  
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 8.13 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 <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 135 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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*Cc: Community Hygiene Program  
File*

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 26, 2020**

May 26, 2020

Homeowner  
3655 Paupers Folly Lane  
West Friendship, MD 21794

**RE: Belvedere Estates, Lot 11  
3655 Paupers Folly Lane  
Building Permit: B19002751  
Well Permit: HO-17-0020**

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 **4/7/2020**. Final approval of the well line connection to the dwelling was granted on **3/18/2020**. The well construction was completed on **2/28/2017**. Water samples were collected on **4/23/2020**.

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-17-0020. 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:

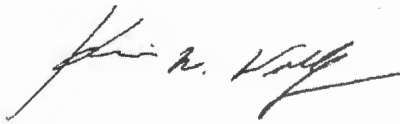
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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**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

# 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 #: 137333 Account #: 1933  
Reference: Belvedere Estates Lot 11 Company: Fogles Well Pump & Treatment  
Location: 3655 Paupers Folly Lane Requested By: Dave Fogle  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 5/18/2020 0745 Site: Kitchen Sink Tap  
Date/Time Rec'd: 5/18/2020 1105 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.1  
Collected By: B. Wilkerson 9315BW Well #: HO-17-0020

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/19/2020 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/19/2020 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	5/19/2020 / 0940 / RER
Turbidity	1.79	NTU	<10	SM20 2130B	5/19/2020 / 1015 / RER
Sand	ND	mg/L	5	Visual/Gravimetric	5/19/2020 / 1010 / 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 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 # : 19002751

Date Reported: 5/19/2020