

C1 46074

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 04 05 17

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Boarman George WELL SITE ADDRESS Andrew Drive TOWN West Friendship SUBDIVISION Laurens Folly SECTION LOT 6

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, and another Brown Mica layer.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (8), NO. OF POUNDS (400), GALLONS OF WATER (184), DEPTH OF GROUT SEAL (54 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (60 feet).

OTHER CASING (if used) section with diameter and depth fields.

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

DEPTH (nearest ft.) table with columns for casing height and screen depth. Includes slot size and diameter of screen fields.

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

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted).

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

DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE George F. Erdemany, LIC. NO. JS D 038, SITE SUPERVISOR Bruce Thompson

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15 gal/min), MEASURE PUMPING RATE (Bucket), WATER LEVEL (23 ft before, 41 ft when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (49 ft above land surface).

LATITUDE 39.271024, LONGITUDE 76.984319 (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.

B 1
1 2 3 4 5 6
47509

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-17-0015
70 fill in this form completely 79

30516E please type

Date Received (APA)

01/23/17
8 MM DD YY 13

OWNER INFORMATION

BOORMAN BOORMAN GEORGE

15 Last Name Owner First Name 34

3625 ANDREA DRIVE

26 Street or RFD 55

WEST FRIENDSHIP, MD 21794

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

Driller's Name 76 License No. 81

Franklin Easterday, Inc.

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

Address

George F. Easterday 1/23/2017

Signature Date

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.)

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 8 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- 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 DEEPEAN 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. H0-17-0015

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

The Health Dept. must receive advance notification

MDE/WMA/PER.071 Sodium, chloride, TDS, + VOC @ COUNTY of all drilling, grouting, + yield tests. samples req'd at yield.

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Paupers Folly
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
West Friendship
52 NEAREST TOWN 71

B 4 SOURCES OF DRILLING WATER

- 1. wells
- 2. HCHD
- 3.

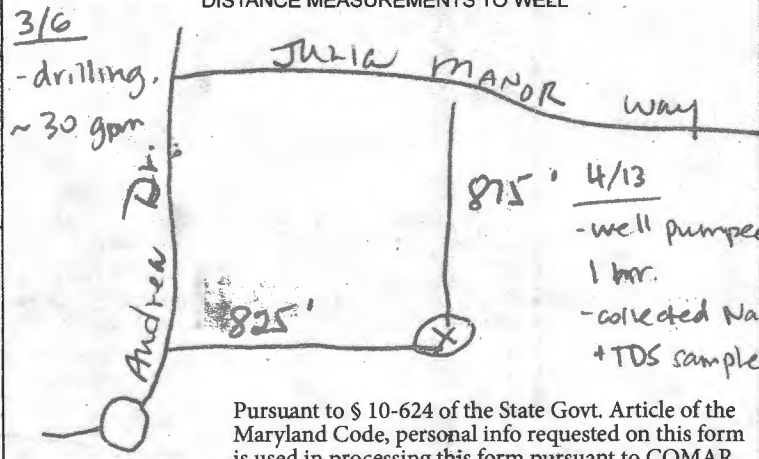
Andrea Drive
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 22 BLK: 8 PARCEL 116

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 2/7/17
43 MM DD YY 48 CO SIGNATURE Sch. Call. 2/7/18
EXP. DATE

DON: 3/3/17
DNY: 3/6/17

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



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.

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5070
 Address: 580 Obrecht Rd
Bykesville, 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# MSD2226

*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: NVR Inc Telephone #: _____
 Subdivision: Belvedere Estates Lot #: 6 Well Tag #: HO-17-0015(90)
 Site Address: 3135 Pappers Folly Lane
West Friendship, MD 21794

Submersible Pump Data

Make: Goulds
 Model #: 7H305422
 Pump Capacity: 7
 Well Yield: 15

Pitless Adapter

Make: Campbell +
 Model#: N/A
 GPM Depth: 36' (36" min)
 GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 200 (feet) yes
 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 N/A

Piping to house

Type: 1" poly pipe
 PSI: 200 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: yes

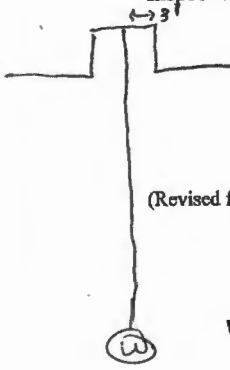
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 3/3/2020

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

Date Insp. Requested: 3/4/20 Date Insp. Approved: _____ 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

✓ 49"
✓ 45"
✓ 8" reinspect for final grade
✓
✓



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 12, 2020

May 12, 2020

Homeowner
3635 Paupers Folly Lane
West Friendship, MD 21794

**RE: Belvedere Estates, Lot 6
3635 Paupers Folly Lane
Building Permit: B19004282
Well Permit: HO-17-0015**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/20/2020**. Final approval of the well line connection to the dwelling was granted on **5/12/2020**. The well construction was completed on **3/7/2017**. Water samples were collected on **4/23/2020, 4/30/2020**.

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-17-0015. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

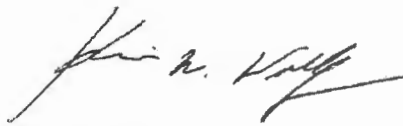
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 Environment's website which describes in further detail operation and maintenance of your septic system.

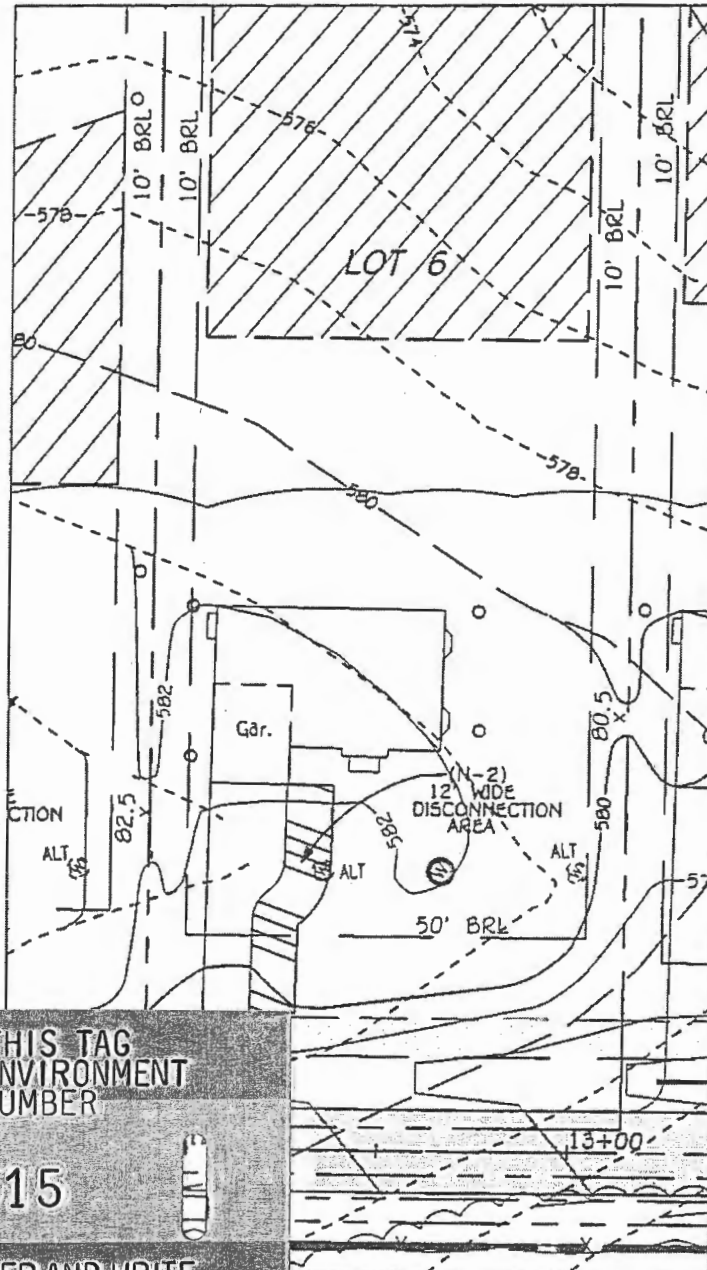
Approving Authority,



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

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

Lot #	Northing	Easting	Longitude	Latitude
LOT 6	584287.0733	1316727.1312	W76° 59' 04.13"	N39° 16' 15.60"



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-17-0015

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

FOLLY LANE
ACCESS PLACE

PLAN

Scale: 1" = 50'

LOT 6 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 6 OF 11

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 461 - 2999

K:\SDSKPROJ\71160 Boardman Prone\m\dwg\FINAL\5171160 Well Maps 8.5 x 11.dwg, 2/3/2017 9:20:35 AM, 1:1



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 NoE17004079 Date Coll. 04/13/2017 Date Received 04/17/2017 Submitted By:Collins

Field ID: HO-17-0015
Lab No.: E17004079002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	50	mg/L	04/21/2017
Total Dissolved Solids	SM 2540C	244	mg/L	04/19/2017

Comments:

Approved by: _____

Shabir Aneli

Approval date: 04/25/2017

*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
 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


E17004078002
 Received: 04/17/2017
 Metals HO-17-0015

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-17-0015 Site Name: Paupers Folly - Lot 6 County: Howard

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

Date Collected: 4/13/2017 Time Collected: 9:15 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
 Preservative Used: HNO₃ mL pH: <2, 4/17/17, 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 after 1-hr pump of well.

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

Lab Supervisor: _____

Date Reported: 4/17/17

•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: E17004078 Date Coll.: 04/13/2017 Date Received 04/17/2017 Submitted By: Collins

Field ID: HO-17-0014
Lab No.: E17004078001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.16	ppm	04/18/2017

Comments:

Approved by: *Sadia Nunez*

Approval date: 04/20/2017

**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.

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 #: 136922 Account #: 1933
 Reference: Belvedere Lot 6 Company: Fogles Well Pump & Treatment
 Location: 3635 Paupers Folly Lane Requested By: Dave Fogle
 West Friendship, MD 21794 Source: Well Water
 Date/ Time Collected: 4/23/2020 1100 Site: Kitchen Sink Tap
 Date/Time Rec'd: 4/23/2020 1145 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.9
 Collected By: J. Evans 0309JE Well #: HO-17-0015

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/24/2020 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/24/2020 / 0900 / RER
Nitrate	7.54	mg/L	10	601	4/23/2020 / 1615 / RER
Turbidity	7.58	NTU	<10	SM20 2130B	4/23/2020 / 1640 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	4/23/2020 / 1640 / RER
Iron	0.39	mg/L	0.3*	FR, 45 (126)	4/24/2020 / 1000 / 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 # : 19004282

Date Reported: 4/24/2020

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 #: 137021 Account #: 1933
Reference: Belvedere Estates Lot 6 Company: Fogles Well Pump & Treatment
Location: 3635 Paupers Folly Lane Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 4/30/2020 0727 Site: Laundry Sink
Date/Time Rec'd: 4/30/2020 0825 Treatment: Softener/Filter
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: B. Wilkerson 9315BW Well #: HO-17-0015

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.05	mg/L	0.3*	FR, 45 (126)	5/1/2020 / 1000 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 19004282

Date Reported: 5/1/2020

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
ORGANICS ANALYTICAL LABORATORY
 1770 Ashland Avenue
 BALTIMORE, MARYLAND 21205

Temperature Blank: 100 °C
 Temp blank placed on
 ice slurry. 4/11/17

LABORATORY ANALYSIS REQUEST FORM

Please write legibly

Bottle No.: H0170015-2
H0170015-1 Plant/Site Name: Pampers Folly - Lot 6 County: Howard

Location: H0-17-0015 Sample Source: Andrea Drive Dayton
Street Town of City

Collector/ID: S. Collins Phone No.: 410-313-6287

County: 013 System No. PWSID Plant No.
 Date Collected: 4/13/2017 Time Collected: 9 am


Field Data: pH 6.5 Free Cl: 0 Total Cl:


Sample Type: Drinking water Landfill Source (water) Oil
 Private Stream Distribution (treated) Solid
 Community Soil/Sediment Water Treatment Plant POE Other
 Non-Community

Specify Program: SDWA NPDES RCRA CWA CERCLA Consumer Products
 Other

Test Requested	Field & Trip Blank	Preservative Used	Comment
<input type="checkbox"/> EPA Method 504.1 (EDB/DBCP)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 508 [Aroclors (SCAN only) & Toxaphene]	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 515.3 (Herbicides)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 515.4 (Herbicides)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium sulfite	
<input type="checkbox"/> EPA Method 525.2 (Pesticides)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> HCL (6N) <input type="checkbox"/> Sodium sulfite	
<input type="checkbox"/> EPA Method 531.2 (Carbamates)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Potassium Citrate monobasic <input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 552.2 (Haloacetic acids)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Ammonium chloride	
<input type="checkbox"/> EPA Method 8270 (Semi-Volatiles) <input type="checkbox"/> Pesticides <input type="checkbox"/> Aroclors	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input checked="" type="checkbox"/> EPA Method 524.2 (Volatiles) <input checked="" type="checkbox"/> VOCS <input type="checkbox"/> THMs	<input checked="" type="checkbox"/> Field Blank <input checked="" type="checkbox"/> Trip Blank	<input checked="" type="checkbox"/> 1:1 HCL <input type="checkbox"/> 1:1 HCL + Ascorbic acid <input type="checkbox"/> Sodium thiosulfate	H0170015FB-1 H0170015FB-2 H0170015TB
<input type="checkbox"/> EPA Method 8260 (VOCs)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> 1:1 HCL <input type="checkbox"/> 1:1 HCL + Ascorbic acid	


E17004081004
 Received: 04/17/2017 EPA 524.2
 Trace Organics H01700151/2


E17004081005
 Received: 04/17/2017 EPA 524.2
 Trace Organics H0170015FB1


E17004081006
 Received: 04/17/2017 EPA 524.2
 Trace Organics H0170015TB

Remarks: No duplicate field blank received

Lab Supervisor: _____ Date Reported: ____/____/____

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

SUBMITTER'S COPY

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

February 26, 2018

Homeowner
3635 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 8.16 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 50 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 244 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*