

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-4 ON ALL CARDS) COUNTY NUMBER 13 A519617

DATE RECEIVED DATE WELL COMPLETED 5 1 05 OWNERS 400 6/6/05 PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-94-4158

OWNER Rachuba Home Builders STREET OR RFD Ed Warfield Road TOWN Woodbine SUBDIVISION Marian Property SECTION LOT 3

WELL LOG
Not required for offset wells

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

DESCRIPTION (See additional sheets if needed)	FEET		WATER BEARING
	FROM	TO	
Brown Muc	0	95	
Gray limestone	95	110	✓
Dryhole cement	0	110	
Loose cobbles	110	300	

GRouting RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 52 NO. OF POUNDS 982

GALLONS OF WATER 312

DEPTH OF GROUT SEAL (in nearest feet)
from 0 to 95

CASING RECORD

Casing type (circle appropriate code below)
SY (STEEL) CO (CORRUGATED) PL (PULVIC) OT (OTHER)

MAIN CASING TYPE ST

Nominal diameter (in nearest inch) 10 6

Total depth of main casing (in nearest feet) 105

OTHER CASING (if used)

Diameter (in nearest inch) _____

Depth (in nearest feet) _____

SCREEN RECORD

Screen type or open hole (circle appropriate code below)
SY (STEEL) BR (BRASS) HO (HOLE) PL (PULVIC) OT (OTHER)

DEPTH (in nearest ft.)
A 0 B 105 C 460

PUMPING TEST

HOURS PUMPED (nearest hour) 0.4

PUMPING RATE (gal per min.) 1.3

METHOD USED TO MEASURE PUMPING RATE 1 GAL

METER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft

WHEN PUMPING 107 ft

TYPE OF PUMP USED (circle one)
A (AIR) P (PLUNGER) 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,I,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (in nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 01 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS 1

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN COMPLETED IN ACCORDANCE WITH STATE BOARD OF WELL CONSTRUCTION, AND IN ACCORDANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PROVIDED HEREON IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S LIC. NO. MSD 005
DRILLER'S SIGNATURE
DRILLER SIGNATURE (PRINT WITH SIGNATURE ON APPLICATION)
LIC. NO. D

SITE SUPERVISOR (Sign. of driller or personnal responsible for observ. if different from permittee)

SCREEN RECORD

DEPTH (in nearest ft.)
A 0 B 105 C 460

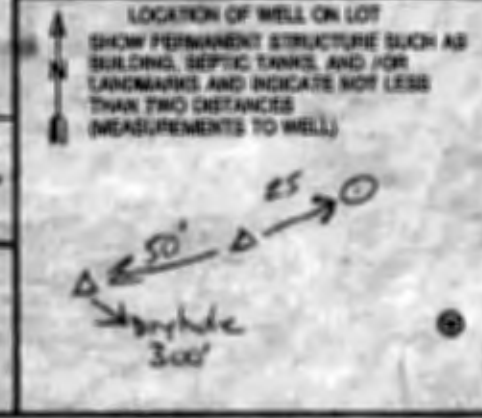
SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
7 8

DRILLER'S SIGNATURE

WELL TYPE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.O.S.) W O

TELESCOPE CASING YES NO OTHER DATA



B 1	8121	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522063	STATE PERMIT NUMBER HO-94-4158 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **4/13/2005**
MM DD YY

Mariani Theodore
Last Name Owner First Name

16449 Ed Warfield rd
Street or RFD

Woodbine MD 21797
Town State Zip

LOCATION OF WELL

Howard
COUNTY

MARIANI PLO.
SUBDIVISION

SECTION **3** LOT **3**

Glenwood
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION

Allen Compton
Driller's Name License No. **M SD 009**

Fogles Well Drilling
Firm Name

580 Obricht rd
Address

Allen Compton 3-30-05
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Ed Warfield rd.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

700
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: **13** BLK: **23** PARCEL **272**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. **13**

SIGNATURE _____ INSERT S _____ DATE ISSUED _____

4/7/2005 DATE ISSUED **Bruce Baker** CO SIGNATURE **4/7/2006** EXP. DATE

NORTH GRID **531** EAST GRID **779**

APPROXIMATE DEPTH OF WELL: **300** FEET

APPROXIMATE DIAMETER OF WELL: **6** 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROP. PERMIT NUMBER _____

PERMIT No. **HO-94-4158**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **78079**

N **5301**

000
000

5/16/05
1/6
No Insp.
BB

Ed Warfield Daisy rd.
Union Chapel

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

FIELD DATA SHEET
BOWARD COUNTY WELL FIELD TEST

Well Permit No. NO - 94-4158
 Location of property (road) Ed Warfield Road
 Subdivision Mariani Property Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller Fogles/Compton Owner Rachuba Home Builders
 Depth of well 400'
 Distance of measuring point (W.P.) above ground 2'
 Static water level (S.W.L.) below W.P. 15'

I. High rate pumping -- reservoir drawdown
 Time pump started 8:00 Pumping rate 8.5
 Total time 15 min to reach pumping water level 107 ft. below W.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below W.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	15	7		8.5
8:15	109	46		1.3
8:30	109	46		1.3
8:45	109	46		1.3
9:00	109	46		1.3
9:15	108	46		1.3
9:30	108	46		1.3
9:45	108	46		1.3
10:00	108	46		1.3
10:15	108	46		1.3
10:30	108	46		1.3
10:45	108	46		1.3
11:00	108	46		1.3
11:15	108	46		1.3
11:30	108	46		1.3
11:45	107	46		1.3
12:00	107	46		1.3
12:15	107	46		1.3
12:30	107	46		1.3
12:45	107	46		1.3
1:00	107	46		1.3
1:15	107	46		1.3
1:30	107	46		1.3
1:45	107	46		1.3

Yield Test Data Sheet

County File # _____

MD Well Permit #: _____

Subdivision Name: Marummi Prop.

Section _____ Lot # 3

Street Address: _____

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 34 ft.

Well Depth 400' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level <u>34'</u> ft.	Pumping Rate <u>4</u> ^{322.} () Time to fill <u>1</u> gal. bucket	Calculated Flow (gallons per minute) <u>15</u>	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	34 ft.	4	15 GPM
2	8:15	210 ft.	6	10 GPM
3	8:30	292 ft.	7	8.5 GPM
4	8:45	303 ft.	52	1.1 GPM
5	9:00	295 ft.	52	1.1 GPM
6	9:15	283 ft.	52	1.1 GPM
7	9:30	274 ft.	52	1.1 GPM
8	9:45	267 ft.	52	1.1 GPM
9	10:00	263 ft.	52	1.1 GPM
10	10:15	260 ft.	52	1.1 GPM
11	10:30	257 ft.	52	1.1 GPM
12	10:45	254 ft.	52	1.1 GPM
13	11:00	251 ft.	52	1.1 GPM
14	11:15	249 ft.	52	1.1 GPM
15	11:30	247 ft.	52	1.1 GPM
16	11:45	245 ft.	52	1.1 GPM
17	12:00	243 ft.	52	1.1 GPM
18	12:15	241 ft.	52	1.1 GPM
19	12:30	239 ft.	52	1.1 GPM
20	12:45	237 ft.	52	1.1 GPM
21	1:00	235 ft.	52	1.1 GPM
22	1:15	233 ft.	52	1.1 GPM
23	1:30	231 ft.	52	1.1 GPM
24	1:45	229 ft.	52	1.1 GPM
25	2:00	227 ft.	52	1.1 GPM
26	2:15	225 ft.	52	1.1 GPM
27	2:30	223 ft.	52	1.1 GPM
28	2:45	221 ft.	52	1.1 GPM
29	3:00	219 ft.	52	1.1 GPM
30	3:15	ft.		GPM

Yield Test Data Sheet

County File #

MD Well Permit #:

Subdivision Name: _____

Section _____ Lot # 3

Street Address: _____

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 34 ft.

Well Depth 200' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level <u>34</u> ft.	Pumping Rate <u>4 sec.</u> () Time to fill 1 gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	34 ft.	4	15 GPM
2	8:15	210 ft.	6	10 GPM
3	8:30	292 ft.	7	8.5 GPM
4	8:45	303 ft.	52	1.1 GPM
5	9:00	295 ft.	52	1.1 GPM
6	9:15	283 ft.	52	1.1 GPM
7	9:30	274 ft.	52	1.1 GPM
8	9:45	267 ft.	52	1.1 GPM
9	10:00	265 ft.	52	1.1 GPM
10	10:15	260 ft.	52	1.1 GPM
11	10:30	257 ft.	52	1.1 GPM
12	10:45	254 ft.	52	1.1 GPM
13	11:00	251 ft.	52	1.1 GPM
14	11:15	249 ft.	52	1.1 GPM
15	11:30	247 ft.	52	1.1 GPM
16	11:45	245 ft.	52	1.1 GPM
17	12:00	243 ft.	52	1.1 GPM
18	12:15	241 ft.	52	1.1 GPM
19	12:30	239 ft.	52	1.1 GPM
20	12:45	237 ft.	52	1.1 GPM
21	1:00	235 ft.	52	1.1 GPM
22	1:15	233 ft.	52	1.1 GPM
23	1:30	231 ft.	52	1.1 GPM
24	1:45	229 ft.	52	1.1 GPM
25	2:00	227 ft.	52	1.1 GPM
26	2:15	225 ft.	52	1.1 GPM
27	2:30	223 ft.	52	1.1 GPM
28	2:45	221 ft.	52	1.1 GPM
29	3:00	219 ft.	52	1.1 GPM
30	3:15	ft.		GPM

Yield Test Data Sheet

County File #

MD Well Permit #:

Subdivision Name:

Section Lot # 4

Street Address: Ed Warfield Rd.

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 34' ft.

Well Depth 400' ft.

Well Driller: Alan Compton

Must be submitted with the State of Maryland Well Completion Report

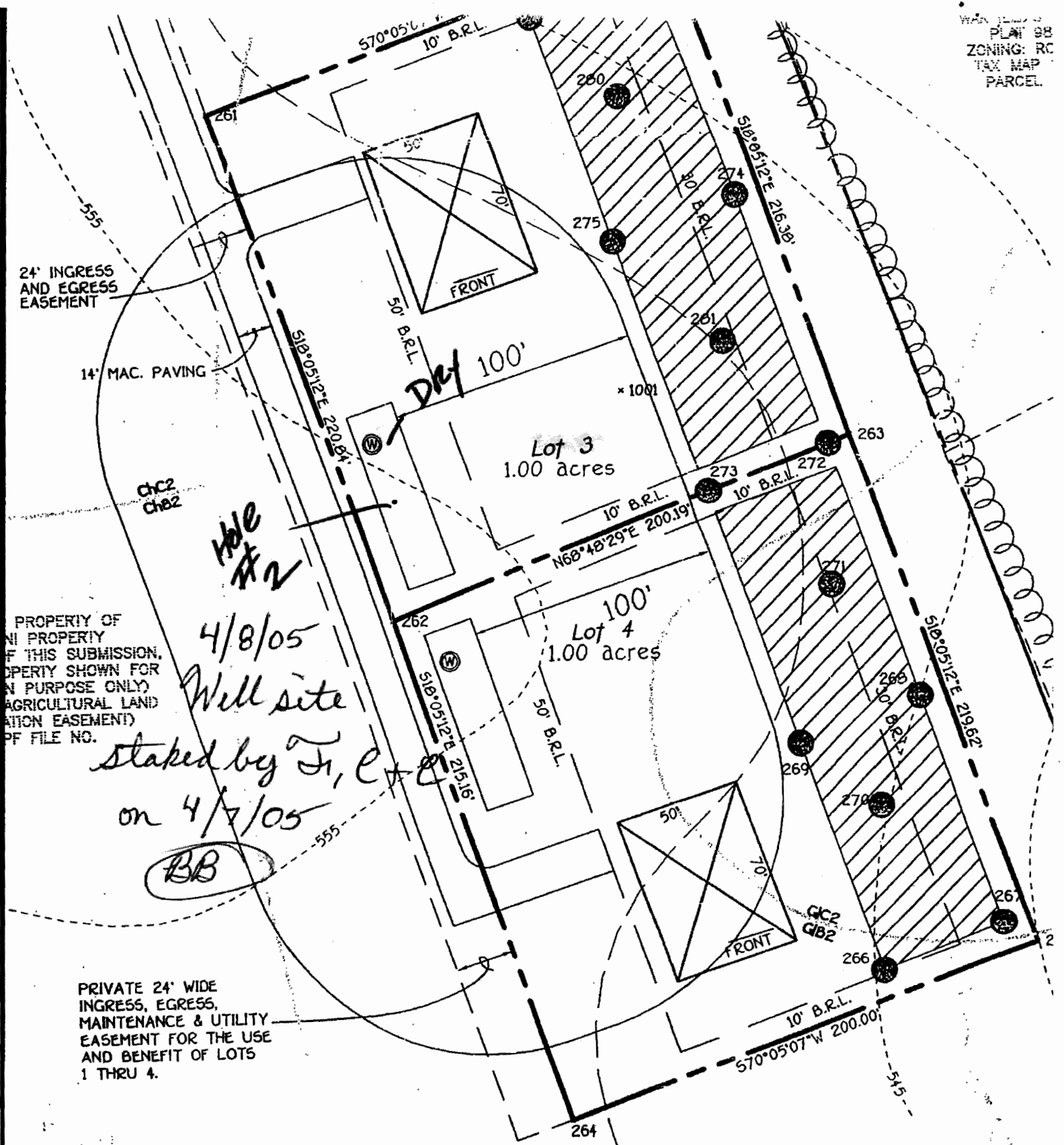
Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level: <u>34</u> ft.	Pumping Rate () Time to fill 1 gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>8.5</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1 8:00	34 ft.	7	8.5 GPM
2 8:15	132 ft.	8	7 GPM
3 8:30	116.0 ft.	10	6 GPM
4 8:45	171 ft.	45	1.3 GPM
5 9:00	124.2 ft.	45	1.3 GPM
6 9:15	121 ft.	45	1.3 GPM
7 9:30	159 ft.	45	1.3 GPM
8 9:45	158 ft.	45	1.3 GPM
9 10:00	157 ft.	45	1.3 GPM
10 10:15	155 ft.	45	1.3 GPM
11 10:30	152 ft.	45	1.3 GPM
12 10:45	150 ft.	45	1.3 GPM
13 11:00	149 ft.	45	1.3 GPM
14 11:15	149 ft.	45	1.3 GPM
15 11:30	148 ft.	45	1.3 GPM
16 11:45	148 ft.	45	1.3 GPM
17 12:00	147 ft.	45	1.3 GPM
18 12:15	147 ft.	45	1.3 GPM
19 12:30	147 ft.	45	1.3 GPM
20 12:45	147 ft.	45	1.3 GPM
21 1:00	147 ft.	45	1.3 GPM
22 1:15	147 ft.	45	1.3 GPM
23 1:30	147 ft.	45	1.3 GPM
24 1:45	147 ft.	45	1.3 GPM
25 2:00	147 ft.	45	1.3 GPM
26 2:15	146 ft.	45	1.3 GPM
27 2:30	146 ft.	45	1.3 GPM
28 2:45	146 ft.	45	1.3 GPM
29 3:00	146 ft.	45	1.3 GPM
30 3:15	ft.		GPM



24' INGRESS AND EGRESS EASEMENT

14' MAC. PAVING

ch2
ch2

PROPERTY OF
THIS SUBMISSION.
PROPERTY SHOWN FOR
PURPOSE ONLY
(AGRICULTURAL LAND
EASEMENT)
FILE NO.

hole #2
4/8/05
Well site
staked by J, C + C
on 4/7/05

BB

PRIVATE 24' WIDE
INGRESS, EGRESS,
MAINTENANCE & UTILITY
EASEMENT FOR THE USE
AND BENEFIT OF LOTS
1 THRU 4.

CLASS.
B
B
B

SCALE
1"=50'

PERC CERTIFICATE MARIANI PR

LOTS 1 -

TAX MAP #13

ZONED: RC-DEO

**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: _____ 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-94-4158
Site Address: 16109 ED WARFIELD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: _____		
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 07/13/2020 Date Insp. Approved: 07/13/2020 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>46"</u>	<u>07/13/2020</u>
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"/>	<u>20"</u>	<u>07/13/2020</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>28"</u>	<u>07/13/2020</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	<u>9.5'</u>	<u>07/13/2020</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>		



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 16, 2021

December 16, 2020

Homeowner
16109 Ed Warfield Road
Woodbine, MD 21797

RE: Oakdale, Lot 3
16109 Ed Warfield Road
Building Permit: B19003403
Well Permit: HO-94-4158

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 **4/9/2020**. Final approval of the well line connection to the dwelling was granted on **7/13/2020**. The well construction was completed on **5/13/2005**. Water samples were collected on **12/4/2020, 12/11/2020**.

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-94-4158

. 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	141594	Account #:	34599
Reference:	Seun Owojuyigbe	Company:	CASH ACCOUNT
Location:	16109 Ed Warfield Road Woodbine, MD 21797	Requested By:	Seun Owojuyigbe
Date/ Time Collected:	12/4/2020 1048	Source:	Well Water
Date/Time Rec'd:	12/4/2020 1418	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	R. Ott 0266RO	pH:	6.6
		Well #:	HO-94-4158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/5/2020 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/5/2020 / 0900 / LLO
Nitrate	<1.0	mg/L	10	601	12/4/2020 / 1715 / CRS
Turbidity	17.2	NTU	<10	SM20 2130B	12/4/2020 / 1740 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	12/4/2020 / 1750 / CRS

NOTES:

- 1 **Sample collected prior to Softener/Neutralizer/Sediment Filter
- 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 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B19003403

Date Reported: 12/7/2020

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 141768 Account #: 34599
Reference: Seun Owojuyigbe Company: CASH ACCOUNT
Location: 16109 Ed Warfield Road Requested By: Seun Owojuyigbe
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 12/11/2020 1100 Site: Kitchen Sink Tap
Date/Time Rec'd: 12/11/2020 1450 Treatment: Neutralizer/Softener/Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: J. Yeager 0819JY Well #: HO-94-4158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.51	mg/L	<10	SM20 2130B	12/11/2020 / 1520 / CRS
Iron	0.08	mg/L	0.3*	FR, 45 (126)	12/11/2020 / 1540 / CRS

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B19003403

Date Reported: 12/14/2020

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 #:	140710	Account #:	1404
Reference:	Seun Owojuyigbe	Company:	Carroll Water Systems
Location:	16109 Ed Warfield Road Woodbine, MD 21797	Requested By:	Brian Smith
Date/ Time Collected:	10/22/2020 1230	Source:	Well Water
Date/Time Rec'd:	10/23/2020 1046	Site:	Bath Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Neutralizer/Sediment Filter
Collected By:	S. Cassidy 0485SC	pH:	6.3
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/24/2020 / 1600 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/24/2020 / 1600 / BCD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND = None Detected; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Client's Information

Date Reported: 10/26/2020