

C1 **2976** 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 **560542-T**  
 NUMBER **811**

ST/CO USE ONLY  
 DATE Received **05 22 2017** DATE WELL COMPLETED **05 01 17** Depth of Well **460** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-17-0037**

OWNER **GILHELE FAMILY L.L.C.**  
 WELL SITE ADDRESS **HIGH STEEPER TRAIL** TOWN **SYKESVILLE**  
 SUBDIVISION **WALKER MEDOWS** SECTION \_\_\_\_\_ LOT **33**

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
TAN GROUND	0	3	
LOOSE SHALE & GRAVEL	3	35	
TAN CLAY WITH SANDY COLLAPSING AREA'S & SOME HARD ROCK AREA'S	35	85	
GREEN/GRAY SLTST	85	460	

WATER AT 138-139  
185-188

**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 **47** NO. OF POUNDS **2350**  
 GALLONS OF WATER **940**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **8** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **100**

**OTHER CASING (if used)**  
 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

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 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 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. **MWD 576**  
 DRILLERS SIGNATURE \_\_\_\_\_  
 LIC. NO. **JD 148**

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

**C 2** DEPTH (nearest ft.)

1	2	3	4	5	6
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 **6** (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

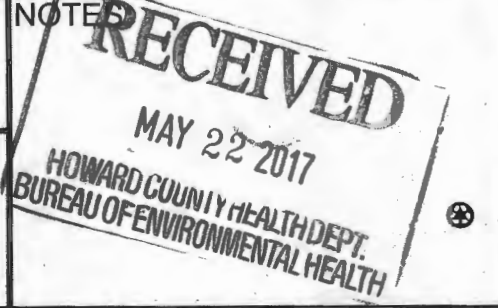
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_  
 TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3 HRS 38 MIN**  
 PUMPING RATE (gal. per min.) **8.5**  
 METHOD USED TO MEASURE PUMPING RATE **WATCH & BUCKET**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **+1** ft. WHEN PUMPING **177** ft.  
 TYPE OF PUMP USED (for test) **S** submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP 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 **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 \_\_\_\_\_ LAND SURFACE **2** (nearest foot) **-** below \_\_\_\_\_

LATITUDE **39.34072**  
 LONGITUDE **76.93783**  
 (DEFAULT COORD. WGS 84)



HO-17-0037

B 1 26557

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-17-0037 fill in this form completely

Date Received (ADA) 02/14/17

OWNER INFORMATION

Gilliere Family LLC 13111 Linden Church Rd Clarksville MD 21029

B 3

LOCATION OF WELL

Howard County Walker Meadows Subdivision Section 44-46 Lot 33-48-50 Sr. Kesville Nearest Town

DRILLER INFORMATION

Randall Alexander MW D576 Randall Alexander Well Drilling PO Box 443 126 West Main St, Fairfield PA 17320

B 4

SOURCES OF DRILLING WATER

1 Well water 2 UCHD 3 water casing spec on file inquiry 4/13/17 GROUT spec on file inquiry

High Stepper Trail Street Address

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1600 Distance from Road ENTER FT OR MI

TAX MAP: 9 BLK: 6 PARCEL 66

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 375 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, TEST, OBSERVATION, MONITORING, Open Loop Geothermal, Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County Name STATE SIGNATURE DATE ISSUED 03/01/17 CO SIGNATURE EXP. DATE 03/01/18

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

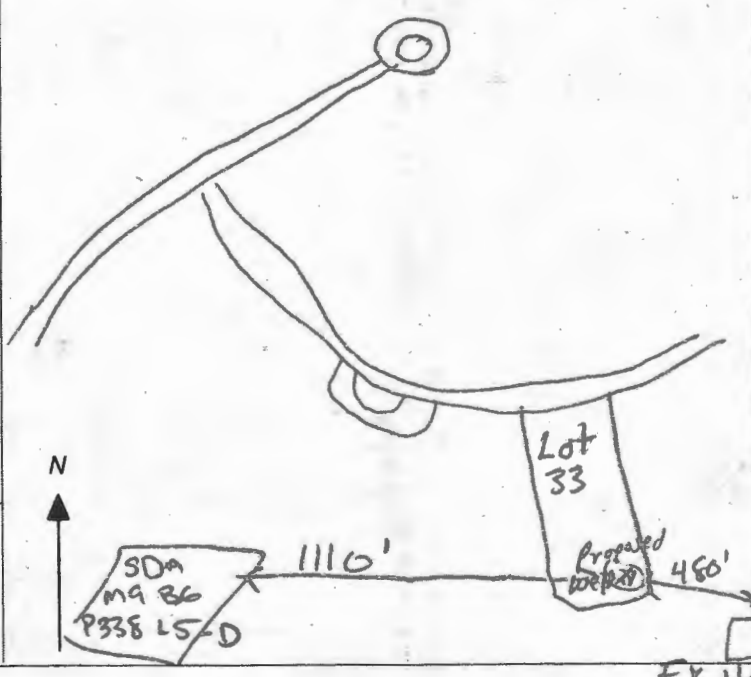
- THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER G PERMIT No. HO-17-0037

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Howard Lodge Dr

# Yield Test Data Sheet

County File # 560542-T <sup>X III</sup>

MD Well Permit #: H0-17-0037

Subdivision Name: Walker Meadow

Section: \_\_\_\_\_ Lot # 33

Street Address: HIGH SNEPPER TRAIL  
SYKESVILLE MD.

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

Distance from MP to ground surface 2 ft.

Well Depth 460 ft.

Well Driller: William L. Reed - JSD-095  
ALEXANDER'S WELL DRILLING

Must be submitted with the State of Maryland Well Completion Report

Submit to: Bureau of Environmental Health  
8930 Stanford Blvd  
Columbia Md. 21045

Pump Start Time	Static Water level: <u>+1</u> ft.	Pumping Rate <input checked="" type="checkbox"/> Time to fill <u>1</u> gal. bucket <input type="checkbox"/> Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1 <u>9:30</u>	<u>+1</u> ft.	<u>7</u>	<u>8.5</u> GPM
2 <u>9:45</u>	<u>37.2</u> ft.	<u>7</u>	<u>8.5</u> GPM
3 <u>10:00</u>	<u>73.1</u> ft.	<u>7</u>	<u>8.5</u> GPM
4 <u>10:15</u>	<u>99.3</u> ft.	<u>7</u>	<u>8.5</u> GPM
5 <u>10:30</u>	<u>117</u> ft.	<u>7</u>	<u>8.5</u> GPM
6 <u>10:45</u>	<u>129.6</u> ft.	<u>7</u>	<u>8.5</u> GPM
7 <u>11:00</u>	<u>139.2</u> ft.	<u>7</u>	<u>8.5</u> GPM
8 <u>11:15</u>	<u>146.8</u> ft.	<u>7</u>	<u>8.5</u> GPM
9 <u>11:30</u>	<u>151.2</u> ft.	<u>7</u>	<u>8.5</u> GPM
10 <u>11:45</u>	<u>153.4</u> ft.	<u>7</u>	<u>8.5</u> GPM
11 <u>12:00</u>	<u>161.8</u> ft.	<u>7</u>	<u>8.5</u> GPM
12 <u>12:15</u>	<u>170.2</u> ft.	<u>7</u>	<u>8.5</u> GPM
13 <u>12:30</u>	<u>177.6</u> ft.	<u>7</u>	<u>8.5</u> GPM
14	ft.		GPM
15	ft.		GPM
16 <u>12:34</u>	<u>177.7</u> ft.	<u>10</u>	<u>6</u> GPM
17 <u>12:38</u>	<u>177.6</u> ft.	<u>10</u>	<u>6</u> GPM
18	ft.		GPM
19	ft.		GPM
20	ft.		GPM
21	ft.		GPM
22	ft.		GPM
23	ft.		GPM
24	ft.		GPM
25	ft.		GPM
26	ft.		GPM
27	ft.		GPM
28	ft.		GPM
29	ft.		GPM
30	ft.		GPM

**NOTES:**

5/1/17 8/6/2018  
NOT IDEAL BUT OK. WELL WAS PRODUCING MORE THAN 4 gpm for 3 HRS AND SEEMED TO LEVEL OFF AT 6 GPM. (No)

**RECEIVED**  
MAY 22 2017  
HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH

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 3070  
Address: 580 Dyrecht 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 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: Walker Meadows Lot #: 33 Well Tag #: HO-17-0037 (ST)  
Site Address: 12245 Manapple Dr  
Sykesville, MD 21784

**Submersible Pump Data**

Make: Grundfos  
Model #: 74310422  
Pump Capacity: 7  
Well Yield: 8

**Pitless Adapter**

Make: Campbell +  
Model #: NA  
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: 460 (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 NA

**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: 9/15/2020

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

Date Insp. Requested: 9/15/20 Date Insp. Approved: 9/15/20 Inspector: (ST)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 40  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly 37"  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade 21"  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

LOT 33

FILE INQUIRY NOTES

Walker Meadows  
High Stepper Trail  
Lot 33 Alexander

DATE	RESULTS OF REVIEW FOR FILE																
4/12/17	<p>@ 100' Down ~ <sup>80</sup> casing accordingly.</p> <p>anticipate 100' casing.</p>																
	<p>Casing Spec: NOVA TUBE INC Made in Canada</p> <p>ASTM A500-B EB 6 x 0.188</p> <p>20' 0" DT 2017-02-14</p>																
	<p>100' casing</p> <p>400'</p> <p>15" casing @ grouting to 15'</p>																
	<p>Perched # 10120171</p> <p>2 lines pause grouting to refill truck w/ water</p> <p>Remove 5' casing ⊕</p>																
	<p>Pump 380'</p> <p>Static Water 1' above ground</p>																
6/21/2017	<table border="1"> <tr> <td>11:30</td> <td>157'</td> <td>9 sec</td> <td>1 gal</td> </tr> <tr> <td>11:45</td> <td>153'</td> <td>8.5 sec</td> <td>1 gal</td> </tr> <tr> <td>12:00</td> <td>161'</td> <td>7 sec</td> <td>1 gal</td> </tr> <tr> <td>12:15</td> <td>170'</td> <td>9 sec</td> <td>1 gal</td> </tr> </table>	11:30	157'	9 sec	1 gal	11:45	153'	8.5 sec	1 gal	12:00	161'	7 sec	1 gal	12:15	170'	9 sec	1 gal
11:30	157'	9 sec	1 gal														
11:45	153'	8.5 sec	1 gal														
12:00	161'	7 sec	1 gal														
12:15	170'	9 sec	1 gal														

# Randall Alexander Well Drilling

126 West Main Street P.O. Box 443

Fairfield, PA 17320

Phone: 717-642-5963 FAX: 717-642-9864

Email: [alexanderswell@comcast.net](mailto:alexanderswell@comcast.net)

PAHIC# PA022891

[www.AlexandersWellDrilling.com](http://www.AlexandersWellDrilling.com)



5/18/17

**TO: Bureau Of Environmental Health**

**RE: Walker Meadows : Lot # 13, # 14,#15,#16, #18,and # 33.**

Please find enclosed check # 19790 in the amount of \$ 960.00 I would like to convert tag numbers listed below from test wells to production wells at this time.

**TAG#HO -17 -0030 Lot #13**

**TAG#HO-17-0031 Lot# 14**

**TAG#HO#17-0032 Lot#15**

**TAG#HO17-0033 Lot#16**

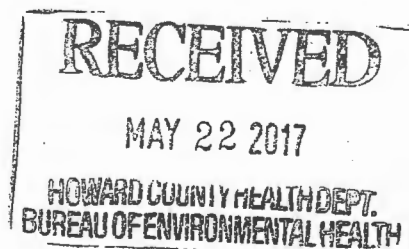
**TAG#HO-17-0035 Lot#18**

**TAG#HO17-0037LOT#33**

Thank you,

A handwritten signature in black ink, appearing to read "Randall Alexander". The signature is fluid and cursive.

Randall Alexander Well Drilling, MWD 576





HOWARD COUNTY HEALTH DEPARTMENT

60638

DATE 5/22/77

WS

Wander's Well

PHONE # 77 642-5963

From Drilling

For

Well Permit test well to working well conversion Walker Meadows lots 13-16

CASH

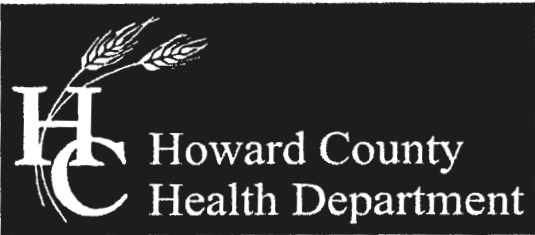
CHECK

NO 19991

Nine hundred Sixty Dollars

\$ 960.00

Received By [Signature]



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLACE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32, 34, BPP'A'</u>	<u>MAYAPPLE DRIVE</u>

The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS  
(professional land surveyor or company employing professional land surveyors)  
on 2-09-2018 (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.



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 8, 2021**

December 8, 2020

Homeowner  
12245 Mayapple Drive  
Sykesville, MD 21784

**RE: Walker Meadows, Lot 33  
12245 Mayapple Drive  
Building Permit: B20002095  
Well Permit: HO-17-0037**

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 **11/18/2020**. Final approval of the well line connection to the dwelling was granted on **9/25/2020**. The well construction was completed on **5/1/2017**. Water samples were collected on **11/13/2020, 11/20/2020, 11/30/2020, 12/4/2020**.

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-17-0037. 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>



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

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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #:	141210	Account #:	1933
Reference:	Walker Meadows Lot 33	Company:	Fogles Well Pump & Treatment
Location:	12245 Mayapple Drive Sykesville, MD 21784	Requested By:	Dave Fogle
Date/ Time Collected:	11/13/2020 1300	Source:	Well Water
Date/Time Rec'd:	11/13/2020 1445	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.9
		Well #:	HO-17-0037

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	56.0	MPN/ 100 ml	<1.0	SM20 9223B	11/14/2020 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/14/2020 / 1000 / CCH
Nitrate	1.57	mg/L	10	601	11/13/2020 / 1610 / CRS
Turbidity	8.14	NTU	<10	SM20 2130B	11/13/2020 / 1700 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	11/13/2020 / 1700 / CRS

**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 # :** B20002095

Date Reported: 11/16/2020

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 141359 Account #: 1933  
Reference: Walker Meadows Lot 33 Company: Fogles Well Pump & Treatment  
Location: 12245 Mayapple Drive Requested By: Dave Fogle  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 11/20/2020 1350 Site: Kitchen Sink Tap  
Date/Time Rec'd: 11/20/2020 1510 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Evans 0309JE Well #: HO-17-0037

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/21/2020 / 1630 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/21/2020 / 1630 / 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
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy

**Building Permit # :** B20002095

Date Reported: 11/23/2020

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #: 141455 Account #: 1933  
Reference: Walker Meadows Lot 33 Company: Fogles Well Pump & Treatment  
Location: 12245 Mayapple Drive Requested By: Dave Fogle  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 11/30/2020 0800 Site: Kitchen Sink  
Date/Time Rec'd: 11/30/2020 0930 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Evans 0309JE Well #: HO-17-0037

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/1/2020 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/1/2020 / 1000 / CCH

**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
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B20002095

Date Reported: 12/1/2020

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 141579 Account #: 1933  
Reference: Walker Meadows Lot 33 Company: Fogles Well Pump & Treatment  
Location: 12245 Mayapple Drive Requested By: Dave Fogle  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 12/4/2020 0915 Site: Kitchen Sink  
Date/Time Rec'd: 12/4/2020 1012 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.7  
Collected By: T. Cassell 0767TC Well #: HO-17-0037

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/5/2020 / 0900 / LLO
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/5/2020 / 0900 / LLO

### 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 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 # : B20002095

Date Reported: 12/7/2020