

C 1 42367	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	

ST/CO USE ONLY DATE Received MM <u>06</u> DD <u>19</u> YY <u>17</u>	DATE WELL COMPLETED MM <u>5</u> DD <u>19</u> YY <u>17</u>	Depth of Well 22 <u>400'</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>6/21/17 SC</u> <u>HO-15-0371</u>
---	--	---	--

OWNER Mildenberg Boender + Associates
WELL SITE ADDRESS 828 Harbors Mill Rd TOWN Cooksville
SUBDIVISION Khan Property SECTION _____ LOT 2

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	
Brown to red Saprolite	0	30	
Gray schist	30	90	
White	90	91	✓
Gray schist	91	376	
White	376	377	✓
Gray schist	377	400	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 17 NO. OF POUNDS 1398
GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 40 BOTTOM ft.
(enter 0 if from surface)

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) 08 Total depth of main casing (nearest foot) 42'

OTHER CASING (if used)

E A C H C A S I N G	diameter		depth (feet)	
	inch	from	to	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL	BR BRASS BRONZE	HO OPEN HOLE
PL PLASTIC	OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no

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. M 5D 008

DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 2 DEPTH (nearest ft.)

1 E A C H S E C T I O N	HO <u>42'</u> <u>400'</u>	
	8	11
2	23	26
3	38	41
4	45	47
5	51	54
6	57	60
7	63	66
8	69	72
9	75	78
10	81	84
11	87	90
12	93	96
13	99	102
14	105	108
15	111	114
16	117	120
17	123	126
18	129	132
19	135	138
20	141	144
21	147	150
22	153	156
23	159	162
24	165	168
25	171	174
26	177	180
27	183	186
28	189	192
29	195	198
30	201	204
31	207	210
32	213	216
33	219	222
34	225	228
35	231	234
36	237	240
37	243	246
38	249	252
39	255	258
40	261	264
41	267	270
42	273	276
43	279	282
44	285	288
45	291	294
46	297	300
47	303	306
48	309	312
49	315	318
50	321	324
51	327	330
52	333	336
53	339	342
54	345	348
55	351	354
56	357	360
57	363	366
58	369	372
59	375	378
60	381	384
61	387	390
62	393	396
63	400	402

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft.

WHEN PUMPING 42 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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
- below } 02 (nearest foot)

LATITUDE 39.3462312
LONGITUDE 77.0188751
(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. 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.

TAG: 5/9/17 (C)

B 1 38296

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0371 fill in this form completely

559834-A please type

Date Received (APA) 11/10/16

OWNER INFORMATION

8 MM DD YY 13

Mildenberg, Brender & Associates 7350-B Grace Drive Columbia, Md 21044

B 3

LOCATION OF WELL

Howard County Khan Property 23 Subdivision 2 Section 44 46 Lot 48 50 Nearest Town: Crooksville

DRILLER INFORMATION

Allen Compton M SD 009 Fooks Well Drilling, LLC P.O. Box 202 Woodbine Md 20971 Allen Lyto 11-2-16

B 4

SOURCES OF DRILLING WATER

1. Well water

828 Hoods Mill Rd 11 Street Address 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1300 250 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 08 BLK: 05 PARCEL 234

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

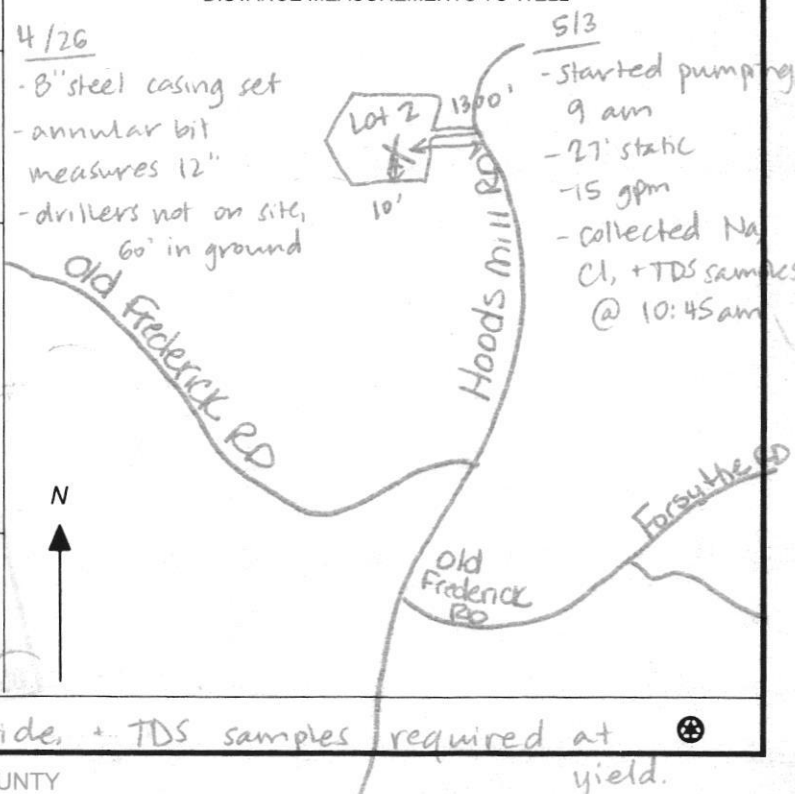
Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/6/16 CO SIGNATURE EXP. DATE 12/6/17

DNI DON: 4/24/17 DNI DOG: 5/9/17 DNY: 5/13/17

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

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



APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 8 NEAREST INCH

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)

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-15-0371

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium, chloride, + TDS samples required at yield.

**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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Isom License# MSD162

***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: BURKARD HOMES Telephone #: 443-974-8021
Subdivision: _____ Lot #: _____ Well Tag #: HO-15-037180
Site Address: 14552 Ambreen Way
COOKSVILLE, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>B11</u>	Two piece watertight cap: _____
Model #: <u>7CS10422</u>	Model#: <u>P100</u>	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>15</u> 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 inside of well casing

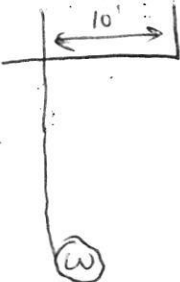
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 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: 3/3/2022

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

Date Insp. Requested: 3/8/22 Date Insp. Approved: 3/8/22 Inspector: SP
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 48"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 48"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 8"
Water supply line sleeved adequately at house connection 9"
Adequate grout observed below pitless adapter



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 2, 2022

June 2, 2022

Homeowner
14552 Ambreen Way
Cooksville, MD 21723

RE: Ambreen Woods, Lot 2
14552 Ambreen Way
Building Permit: B21002242
Well Permit: HO-15-0371

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 **1/26/2022**. Final approval of the well line connection to the dwelling was granted on **3/8/2022**. The well construction was completed on **5/9/2017**. Water samples were collected on **4/21/2022**.

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-15-0371. 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

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

Lab No. Date Received


E17004363001
 Received: 05/04/2017
 Metals HO-15-0371

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0371 Site Name: Khan Property-Lot 2 County: Howard

Sample Source: 828 Hoods Mill Rd. Cooksville Collector: S. Collins
Street Town or City Name

Date Collected: 5 / 3 / 20 17 Time Collected: 10:15 a.m. _____ p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: _____

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.

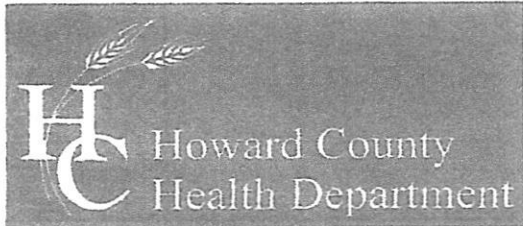
✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>DNK</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ___/___/___

•Phone: (443) 681-3857

•Fax: (443) 681-4507



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:

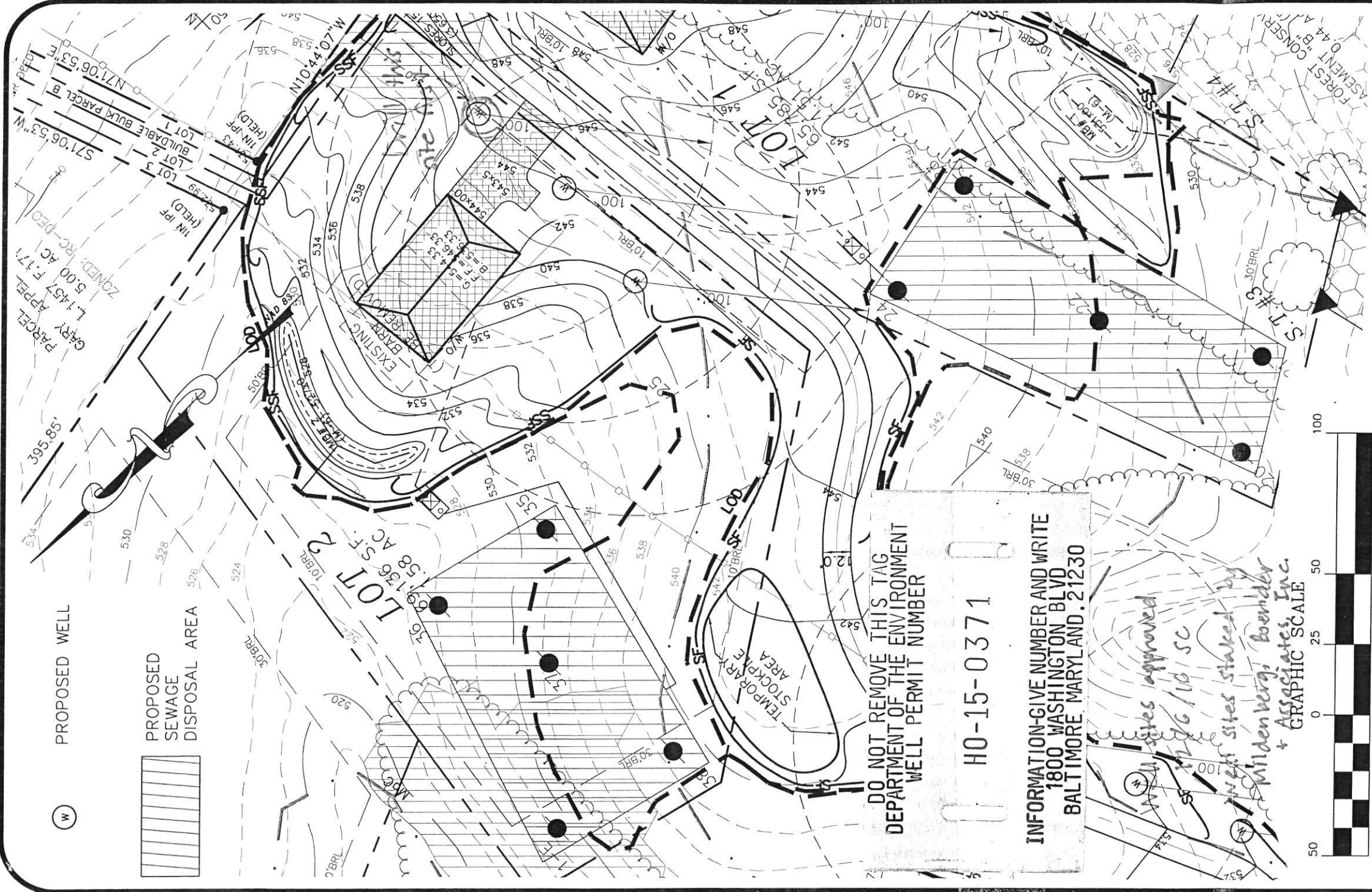
Well Site Location:

Khan Property 2 Heads Mill RD
Subdivision/Property Name Lot # Road Name

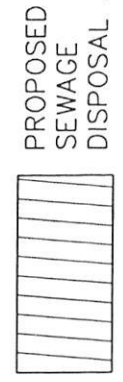
The well site has been staked by Mildenberg, Brender & Associates
(professional land surveyor or company employing professional land surveyors)
on November 4, 2016 (date) and does not require a site inspection.

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.



(W) PROPOSED WELL

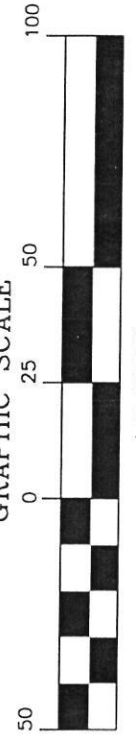


DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0371

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

*All sites approved by
SF 10/16/10 SC
Well sites staked by
Mildenberg, Boender
& Associates, Inc.
GRAPHIC SCALE*



WELL EXHIBIT
KHAN PROPERTY
LOT 2

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DRAWN BY: MES DATE: OCT. 2015 PN: 15-006

**MILDENBERG
BOENDER, & ASSOC., INC.**
Engineers Planners Surveyors
7650-B Grace Drive, Columbia, Maryland 21044
(410) 997-0296 Bal. (410) 997-0298 Fax.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 151576 Account #: 7101
Reference: Ambreen Lot 4 Client: Burkard Homes
Location: 14552 Ambreen Way Requested By: Walt Weise
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 4/21/2022 0857 Site: Pressure Tank
Date/Time Rec'd: 4/21/2022 1400 Treatment: Prior to Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: R. Ott 0266RO Well #: HO-15-0371

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/22/2022 / 0900 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/22/2022 / 0900 / MEH
Nitrate.	0.80	mg/L	10	300.0	4/21/2022 / 1922 / CRS
Turbidity	6.31	NTU	<10	SM2130B	4/22/2022 / 1115 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	4/22/2022 / 0915 / 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 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B21002242

Date Reported: 4/22/2022



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: E17004363 Date Coll.: 05/03/2017 Date Received 05/04/2017 Submitted By: Collins

Field ID: HO-15-0371
 Lab No.: E17004363001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.23	ppm	05/05/2017

Comments:

Approved by: <u><i>Sadia Muneeb</i></u>	Approval date: <u>05/08/2017</u>
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**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.

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
INORGANICS ANALYTICAL LABORATORY
 1770 Ashland Ave
 Baltimore, Maryland 21205
WATER ANALYSIS



E17004361001

Received: 05/04/2017

Inorganic

HO-15-0371

Do not write above this line.

SAMPLE	Bottle Number	HO-15-0371	Name	Khan Property - Lot 2	County	Howard	County Code	13
	Location	828 Hoods Mill Rd.		Cooksville			Data Category Code	4F
	Collected: Date	5/3/17	Time	10:45 am	Collector & Phone	S. Collins 410-313-6137	Submitter Code	
	CHECK (one per box)							
ID	Drinking Water	<input type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input type="checkbox"/>	Emergency	<input type="checkbox"/>
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input checked="" type="checkbox"/>	Routine	<input checked="" type="checkbox"/>
	Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>
							Federal Project	5

FIELD	Plant No.	<input type="checkbox"/>	Sampling Station	<input type="checkbox"/>	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	
	pH	<input type="checkbox"/>	Chlorine: Free	<input type="checkbox"/>	Total	<input type="checkbox"/>	Specific Conductance	<input type="checkbox"/>		
	Notes to Lab/Remarks: Sample collected during yield test.									

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

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

Number of Tests Requested

Section Chief _____

Date Reported _____



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17004361 Date Coll. 05/03/2017 Date Received 05/04/2017 Submitted By:Collins

Field ID: HO-15-0371
Lab No.: E17004361001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	05/08/2017
Total Dissolved Solids	SM 2540C	65	mg/L	05/01/2017

Comments:

Approved by:

Approval date: 05/10/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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