

1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 240 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4192

OWNER Schlesler Howard STREET OR RFD 752 Middletrail Court TOWN Mount Airy SUBDIVISION Middle Trail SECTION \_\_\_\_\_ LOT 15A

**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	
Top Soil	0	2	
Brown Shale	2	30	
Brown Slate	30	35	✓
Blue Slate	35	70	
Brown Slate	70	75	✓
Blue Slate	75	110	
Flint Rock	110	115	✓
Blue Slate	115	140	

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GRROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 13 NO. OF POUNDS 1300  
 GALLONS OF WATER 78  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 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 **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48

**OTHER CASING (if used)**  
 diameter depth (feet) inch from to  
PL 6 48

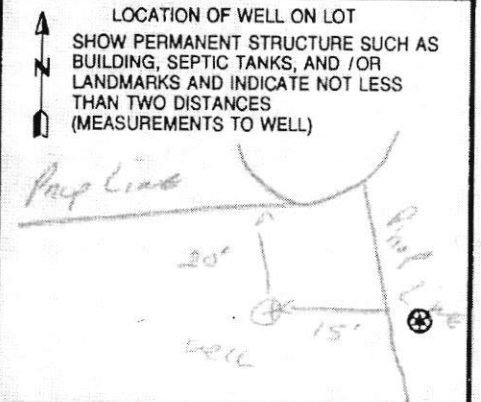
**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**C 2** DEPTH (nearest ft.)  
 1 40 46 240  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
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 76 \_\_\_\_\_

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  
 PUMPING RATE (gal. per min.) 7.5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 62 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. \_\_\_\_\_  
 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 **-** below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes **Y** no **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. M S D L L 7  
 DRILLERS SIGNATURE \_\_\_\_\_ (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **8995** SEQUENCE NO (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-4192**  
 1 2 3 6  
 4/22/05 522418 please type fill in this form completely

DATE RECEIVED (APA) **4/22/05**  
 8 MM DD YY 13  
 OWNER INFORMATION  
 15 Last Name **Land Marketing INC** Owner First Name 34  
 36 Street or RFD **3060 Rt. 97** 55  
 57 Town **Glenwood MD** 70 State **MD** 72 Zip **21738** 76

B 3 LOCATION OF WELL  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **MIDDLE TRAIL** 42  
 SECTION **-** 44 46 LOT **15A** 48 50  
 52 NEAREST TOWN **Lisbon** 71  
 MILES FROM TOWN (enter 0 if in town) **1** 73 M I 76 77 78

DRILLER INFORMATION  
 Driller's Name **Ralph E. MAYNE** MS D 117 76 License No. 81  
 Firm Name **Ralph E. MAYNE INC**  
 Address **17024 Handy Rd, WH Army MD 21071**  
 Signature **Ralph E. Mayne** Date **4-15-05**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 NEAR WHAT ROAD **750 MIDDLE TRAIL Ct** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N 34 300 37 SOUTH S 38 39  
 DISTANCE FROM ROAD **14** ENTER FT OR MI  
 TAX MAP **2** BLK: **23** PARCEL **196**

B 2 WELL INFORMATION  
 APPROX PUMPING RATE (GAL PER MIN.) **5** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **500** 14 20

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  
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO. **13**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **5/13/2005** CO SIGNATURE **Brian Baker** EXP DATE **5/13/2006**  
 NORTH GRID **552** 0 0 0 EAST GRID **776** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET 24 28  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **776**  
 N **552**  
 000  
 000

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**Frederick Rd**  
**MIDDLE TRAIL Ct**  
 well 300'  
 N

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HO-94-4192**  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Well Must Be Drilled A Minimum of 15' From Driveway** COUNTY



**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: All Around Plumbing Telephone #: 301-698-1028  
Address: 530 E Church St Frederick MD

(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: Karen L Wick Telephone #: \_\_\_\_\_  
Subdivision: 750 Lot #: 98 Well Tag #: HO - 94 - 4192 SD  
Site Address: 740 Middletrail Ct.  
Mt Airy, MD 21771

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>BII</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>5G507422L</u>	Model#: <u>P-100-ss</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>7.5</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>240'</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>(torque arrestors, cable guards)</u> 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>yes</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>42"</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.

J. Brendan Madden, Pres. 12/28/2021  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/28/21 Date Insp. Approved: 12/30/21 Inspector: SD

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>48"</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>43"</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>18"</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	<u>5'</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 9, 2022**

March 9, 2022

Homeowner  
750 Middletrail Court  
Mt. Airy, MD 21771

**RE: Schisler Property, Lot 15**  
**750 Middletrail Court**  
**Building Permit: B21000784**  
**Well Permit: HO-94-4192**

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 **2/25/2022**. Final approval of the well line connection to the dwelling was granted on **12/30/2021**. The well construction was completed on **5/24/2005**. Water samples were collected on **2/1/2022, 2/2/2022**.

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-94-4192. 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

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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



Howard County  
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

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Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

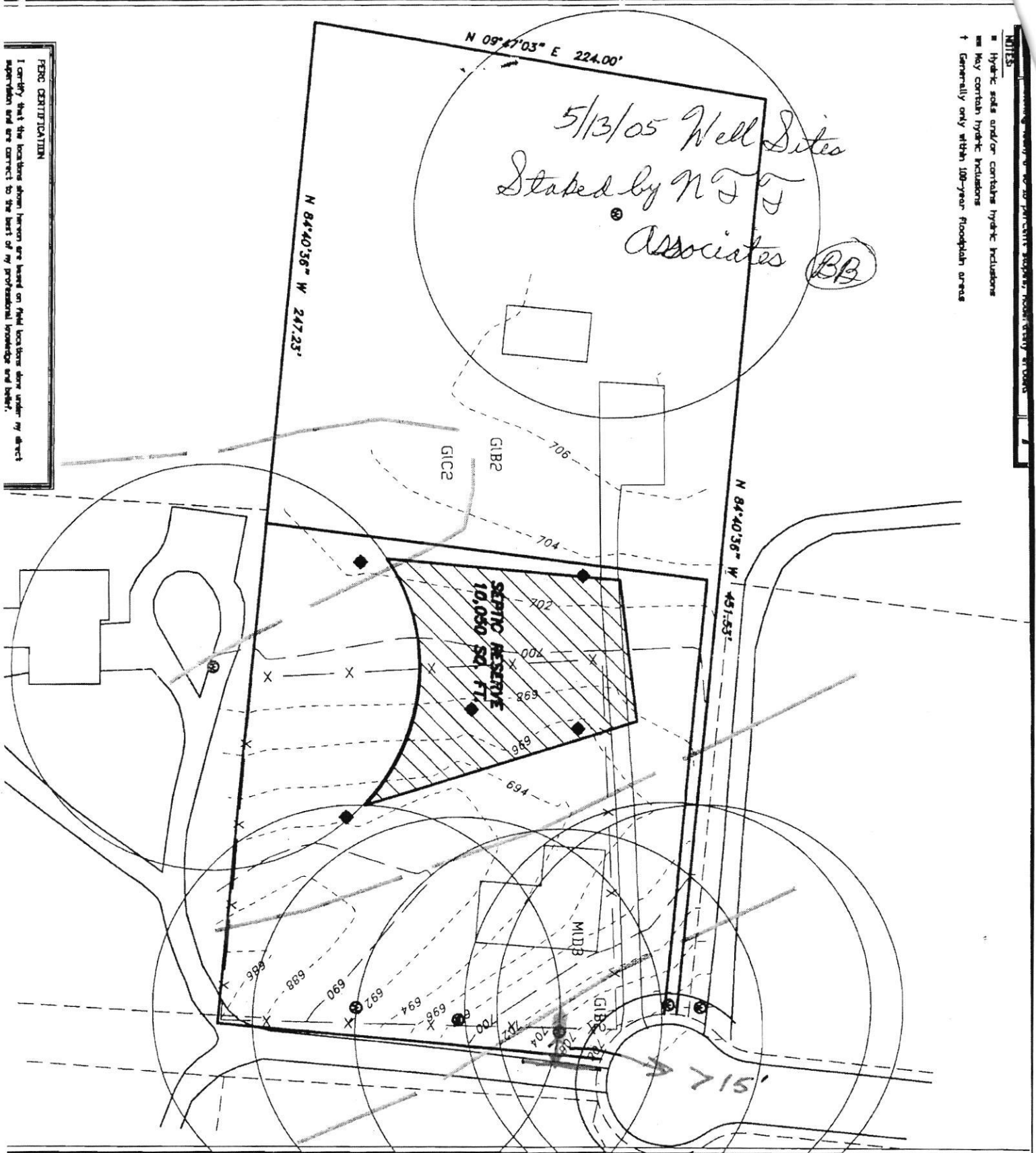
- The well site has been staked by NTT Associates  
on \_\_\_\_\_ and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

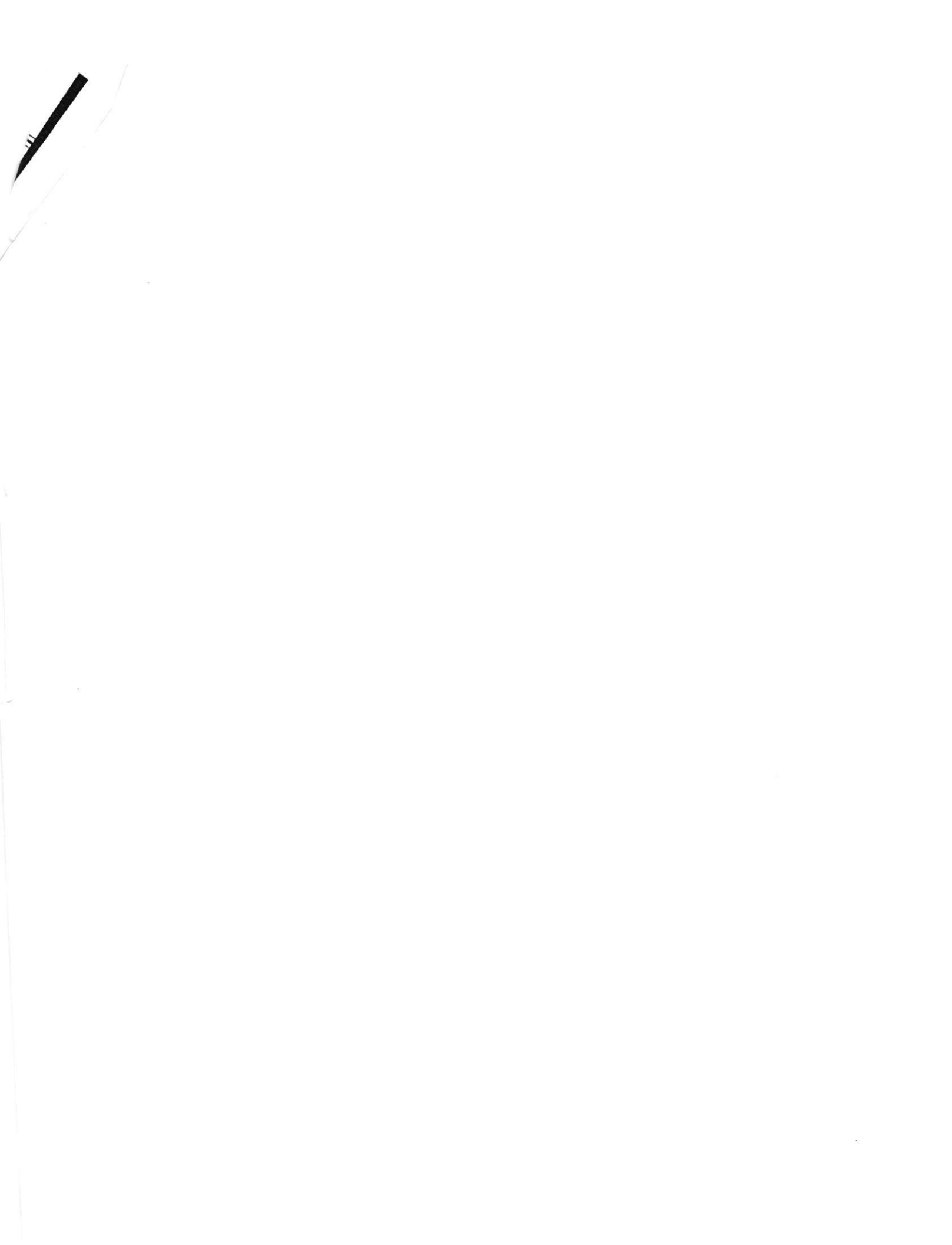
KN

**FIELD CERTIFICATION**  
 I certify that the locations shown hereon are based on field locations shown under my direct supervision and are correct to the best of my professional knowledge and belief.

**NOTES**  
 ■ Hydraulic soils and/or contains hydraulic inclusions  
 ■ May contain hydraulic inclusions  
 † Generally only within 100-year floodplain areas



Well Must Be at Least 15' From Driveway



# HOME LAND LABS

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

## Certificate of Analysis

Date Reported: 02/03/2022

Hague Quality Water  
814 E College Pkwy  
Annapolis, MD 21409

Date and time received: 02/1/2022 16:00

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992. Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

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**Sample Number:** 216965-01      Sample Time: 02/1/2022 05:30      Field Preservation: Ice  
**Location:** 750 Middle Trail Ct      Field Chlorine: 0.00      Sampler: Tim Edwards - 8309TE  
Woodbine, MD      Field pH: Not Noted      Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	02/2/2022	A P - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	02/2/2022	A P - 106
Nitrate + Nitrite as N	EPA 353.2	8.0	Pass	0.5	mg/L	10	02/2/2022	D B - 139
Turbidity	EPA 180.1	1.7	Acceptable	0.5	NTU	10	02/1/2022	A P - 106

Approved By:  Denise Butera, Lab Director

# HOME LAND LABS



Is the sample for a public water system?  Yes  No

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
MD Lab # 353

108 Old Solomons Island Road, Suite L2  
Annapolis, MD 21401  
MD Lab # 106

3430 Rockefeller Court  
Waldorf, MD 20602  
MD Lab # 139

Client Name:	HAGUE
Email Address:	EDWARDS@HAGUEWATER&MO.COM
Phone Number:	410.757-2992

Property Address:	750 MIDDLE TRAIL CT WOODBINE, MD
-------------------	-------------------------------------

### Field Collection Information

Sampler Name:	TIM EDWARDS		
Sampler ID #:	TE8309		
Date Sampled:	02/1/2022	Time Sampled:	5:30 AM
Well Tag Number:			

Field pH:	
Field Chlorine (mg/L):	0
Sand:	Good
Clarity:	GREAT

### Well Casing and Cap Condition

Well Type:  Drilled  Well Pit  Below Grade  Artesian  Hand Dug  N/A  Other: \_\_\_\_\_

Height Above Grade:	Cap Type:	Casing:	Conduit:
---------------------	-----------	---------	----------

Sample Point:	Water Conditioning:
PRESSURE TANK	None

### Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, Turbidity, Lead, Iron)
- Bacteria
- Lead
- Nitrate + Nitrite
- Iron
- Turbidity
- Chlorides
- Hardness
- Arsenic
- Cadmium
- Gross Alpha
- Total Dissolved Solids
- Copper
- VOCs
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

List rush samples below  
\*Refer to table for rush turnaround times and fees\*

\_\_\_\_\_

\_\_\_\_\_

### Release Signatures

Released By:		Date/Time:	2/1/2022 4:00 PM
Released By:		Date/Time:	
Released By:		Date/Time:	
Received in lab by:	a. phelz	Date/Time:	2/1/22 4:00 PM

# HOME LAND

L A B S

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 353

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State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

## Certificate of Analysis

Date Reported: 02/03/2022

Hague Quality Water  
814 E College Pkwy  
Annapolis, MD 21409

Date and time received: 02/2/2022 16:00

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992. Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

---

**Sample Number:** 217032-01      Sample Time: 02/2/2022 13:30      Field Preservation: Ice  
**Location:** 750 Middletrail Ct      Field Chlorine: 0.00      Sampler: Tim Edwards - 8309TE  
Woodbine, MD      Field pH: 6.90      Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	02/3/2022	A P - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	02/3/2022	A P - 106

Approved By:  Denise Butera, Lab Director