

C1 07797

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 NUMBER

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

08/28/2020

Approved 10/22/20

Depth of Well

600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0023

OWNER: Heritage Land Development; WELL SITE ADDRESS: Heritage Ridge Rd.; TOWN: Woodbine; SUBDIVISION: Linden Grove; SECTION: ; LOT: 29

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for SOIL, BROWN SHALE, SOFT GRAY ROCK, MED GRAY ROCK, and storage: 837 gal.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL); Nominal diameter top (main) casing (6); Total depth of main casing (65)

OTHER CASING (if used)

Other casing entry: PL, diameter 4 1/2, depth 60, 169

SCREEN RECORD

screen type or open hole (ST, BR, HO); insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. 1 M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 WRO 113

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

DEPTH (nearest ft.): HO, 65, 600

Table with columns: E, A, C, H, S, C, R, E, E, N; rows: 1-51

DIAMETER OF SCREEN (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) 6; PUMPING RATE (gal. per min.) 1.33; METHOD USED TO MEASURE PUMPING RATE watch/bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft., WHEN PUMPING 352 ft.; TYPE OF PUMP USED (for test) 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 LAND SURFACE (nearest foot) 1 (below)

LATITUDE 39.33007; LONGITUDE 77.06196 (DEFAULT COORD. WGS 84); NOTES:

B 1 **68356** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **40-20-0023**  
**APPLICATION FOR PERMIT TO DRILL WELL** please type **56784-E** **fill in this form completely**

**OWNER INFORMATION**  
 Date Received (APA) **070820**  
 8 MM DD YY 13  
 Heritage Land Development  
 15 Last Name Owner First Name 34  
 PO Box 482  
 36 Street or RFD 55  
 Lisbon, Md 21765  
 57 Town 70 State 72 Zip 76

**LOCATION OF WELL**  
 B 3  
 Howard  
 8 COUNTY 21  
 Linden Grove  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 29 48 50  
 Woodbine  
 52 NEAREST TOWN 71

**DRILLER INFORMATION**  
 Michael Barlow M.D. 355  
 Driller's Name 76 License No. 81  
 Barlow Well Drilling Service  
 Firm Name  
 322 Underwood Ln, Bel Air, Md 21014  
 Address  
 Signature Date 7-1-2020

**SOURCES OF DRILLING WATER**  
 B 4  
 1. Well  
 2.  
 3.  
 Heritage Ridge Rd  
 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 30 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 8 BLK: 7 PARCEL 5

**WELL INFORMATION**  
 B 2  
 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 150  
 (GAL. PER DAY) 14 20

**NOT TO BE FILLED IN BY DRILLER**  
**HEALTH DEPARTMENT APPROVAL**  
 Howard 13  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S 41  
 DATE ISSUED 07/21/20 Susan Thomas 07/21/21  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 DON: 8/12/20 ST DOG: 8/13/20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 22  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

**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  
 8/12/20 65' casing  
 8/13/20 - group completed before 1:30 @ 3pm  
 100' liner  
 600' total  
 1.5 GPM  
 8/20/20 - started yield but the driller's well pump broke down will complete yield once repaired  
 Started w/ pump @ 375' N 1.5 gpm Static - 34' 250' drawdown then yield stopped  
 30' 25' Prop Line

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVERSE-ROTary DRIVE-POINT  
 other

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 39  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) 41 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROX. PERMIT NUMBER **402017G002(01)**  
 PERMIT No. **40-20-0023**  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

522 Underwood Lane  
(410) 838-6910

Bel Air, Maryland 21014  
Fax (410) 838-3582

**WELL YIELD REPORT**

Date Test Completed:		August 28, 2020	
Well Depth:		600	feet
Customer	Heritage Land Development	Permit #	HO-20-0023
Road	Heritage Ridge Road	Subdivision	Linden Grove
City	Woodbine	Section	
State	MD	Lot #	29

Time	Water Level feet Pump set at 400'	Time to Fill 1-gallon bucket seconds	G.P.M.
6:45 AM	32	4	15.00
7:00 AM	164	4	15.00
7:15 AM	268	5	12.00
7:30 AM	304	8	7.50
7:45 AM	352	45	1.33
8:00 AM	352	45	1.33
8:15 AM	352	45	1.33
8:30 AM	352	45	1.33
8:45 AM	352	45	1.33
9:00 AM	352	45	1.33
9:15 AM	352	45	1.33
9:30 AM	352	45	1.33
9:45 AM	352	45	1.33
10:00 AM	352	45	1.33
10:15 AM	352	45	1.33
10:30 AM	352	45	1.33
10:45 AM	352	45	1.33
11:00 AM	352	45	1.33
11:15 AM	352	45	1.33
11:30 AM	352	45	1.33
11:45 AM	352	45	1.33
12:00 PM	352	45	1.33
12:15 PM	352	45	1.33
12:30 PM	352	45	1.33
12:45 PM	352	45	1.33
1:00 PM	352	45	1.33
1:15 PM	352	45	1.33
1:30 PM	352	45	1.33
1:45 PM	352	45	1.33

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

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 #: 410-795-1535  
 Address: PO Box 63  
Woodbine, MD 21797

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. Eagle 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: Toll Brothers Telephone #: \_\_\_\_\_  
 Subdivision: Iron Grove Lot #: 29 Well Tag #: HO-20-0023 (S)  
 Site Address: 1437 Heritage Ridge Rd  
Woodbine, MD 21797

Submersible Pump Data  
 Make: Goulds  
 Model #: 514310422  
 Pump Capacity: 5  
 Well Yield: 600'  
 Depth of well encountered at time of pump installation: 600 (feet)

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

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 wrenches / 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 in undisturbed soil at wall penetration: YES  
 Length of sleeve (5' minimum from foundation): 6'  
 Sleeve sealed properly: YES

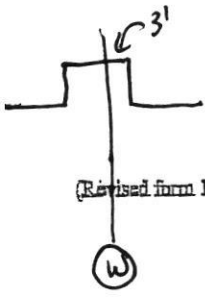
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C. Eagle date: 5/16/2022

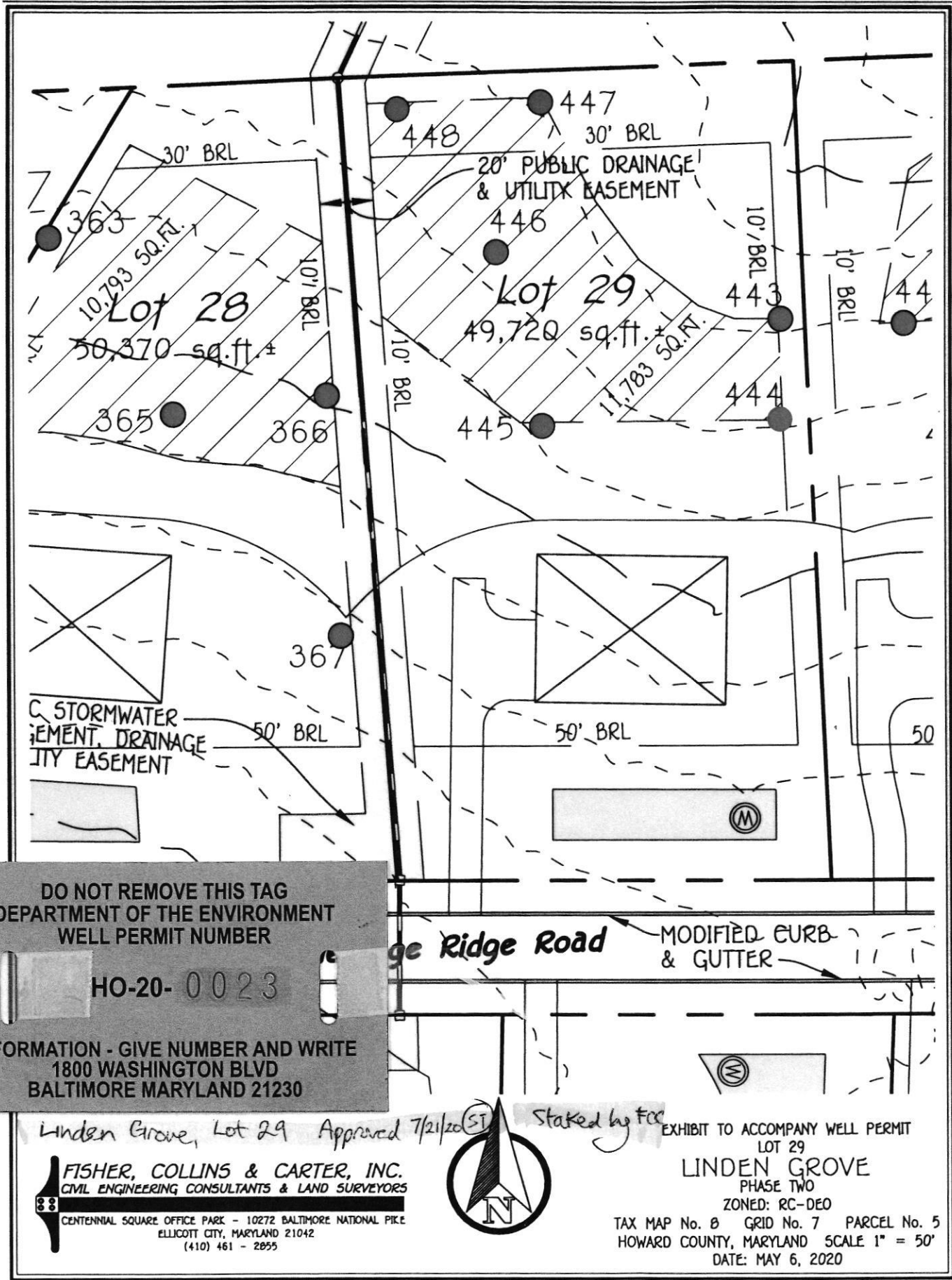
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 5/16/22 Date Insp. Approved: 5/16/22 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

- 48"
- 36"
- 36"
- 15"



(Revised form 10/24/2018)



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
**HO-20- 0023**  
 INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

Linden Grove, Lot 29 Approved 7/21/20  
**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855



Staked by FCC

EXHIBIT TO ACCOMPANY WELL PERMIT  
 LOT 29  
**LINDEN GROVE**  
 PHASE TWO  
 ZONED: RC-DEO  
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5  
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'  
 DATE: MAY 6, 2020

---

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

**MEMORANDUM**

**TO: M. Barlow Well Drilling**  
522 Underwood Lane  
Bel Air, MD 21014

**FROM: Susan Thomas**  
Environmental Health Specialist  
Howard County Health Department  
**Well & Septic Program**

**RE: Linden Grove Lots 24-37 & 39**  
**Special Conditions for wells**

**DATE: July 21, 2020**

---

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

- A. The wells for the Linden Grove subdivision lots 24 thru 37 & 39 were staked with only one selected well site per the approved percolation certification plan signed 09/11/2018. If the well driller cannot confirm a successful well on this one well site, they will need to have the surveyor come back out and stake out the entire well box/alt well sites. This will need to be verified through the Health Department.**
  
- B. Lots 26, 30 & 36 will require samples for Sodium, Chloride and TDS to be collected at the time of the Yield Test.**



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

---

## TO ALL INTERESTED PARTIES

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

Well Site Location:

<u>Linden Grove</u>	<u>29</u>	<u>Heritage Ridge Rd.</u>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

- The well site has been staked by Fisher, Collins & Carter,  
(professional land surveyor or company employing professional land surveyors)  
on 06/16/20 (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 – MARCH 14, 2023

September 14, 2022

Homeowner  
1437 Heritage Ridge Road  
Woodbine, MD 21797

**RE: Linden Grove, Lot 29**  
**1437 Heritage Ridge Rd**  
**Building Permit: B21002810**  
**Well Permit: HO-20-0023**

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 **6/21/2022**. Final approval of the well line connection to the dwelling was granted on **5/16/2022**. The well construction was completed on **8/28/2020**. Water samples were collected on **8/31/2022, 9/7/2022, 9/12/2022**.

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-20-0023. 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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154240 Account #: 1933  
Reference: Linden Grove Lot 29 Client: Fogle's Well Pump & Treatment  
Location: 1437 Heritage Ridge Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/31/2022 1035 Site: Kitchen Sink  
Date/Time Rec'd: 8/31/2022 1320 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Evans 0309JE Well #: HO-20-0023

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/1/2022 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/1/2022 / 1000 / BCD
Nitrate.	3.62	mg/L	10	EPA 300.0	8/31/2022 / 1742 / CRS
Turbidity	11.5	NTU	<10	SM2130B	9/1/2022 / 1720 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/1/2022 / 1710 / 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 # : 21002810

Date Reported: 9/2/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	154362	Account #:	1933
Reference:	Linden Grove Lot 29	Client:	Fogle's Well Pump & Treatment
Location:	1437 Heritage Ridge Road Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	9/7/2022 0830	Source:	Well Water
Date/Time Rec'd:	9/7/2022 1140	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	7.0
		Well #:	HO-20-0023

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	31.3	NTU	<10	SM2130B	9/7/2022 / 1720 / MEW

### NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 # :** 21002810

Date Reported: 9/8/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154362.1 Account #: 1933  
Reference: Linden Grove Lot 29 Client: Fogle's Well Pump & Treatment  
Location: 1437 Heritage Ridge Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/7/2022 0830 Site: Kitchen Sink  
Date/Time Rec'd: 9/7/2022 1140 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Evans 0309JE Well #: HO-20-0023

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.09	mg/L	0.3*	Hach 8146	9/9/2022 / 0815 / TSD

### 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 # : 21002810

Date Reported: 9/9/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	154518	Account #:	1933
Reference:	Linden Grove Lot 29	Client:	Fogle's Well Pump & Treatment
Location:	1437 Heritage Ridge Road Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	9/12/2022 1130	Source:	Well Water
Date/Time Rec'd:	9/12/2022 1240	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Condon 0020CC	pH:	5.8
		Well #:	HO-20-0023

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	<0.30	NTU	<10	SM2130B	9/13/2022 / 1515 / TSD

### NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy

**Building Permit # :** B21002810

Date Reported: 9/13/2022