

C1 56485

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-16-0055

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

OWNER 21m Street Development WELL SITE ADDRESS last name Green Bridge Rd first name TOWN Dayton SUBDIVISION Simpson Property SECTION LOT 40

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: SOIL, Brown Shale, MED GRAY Rock, 0-6, 6-62, 62-600, 28, 560.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD

Diagram of casing types insert appropriate code below. MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65

OTHER CASING (if used)

Diagram for other casing with diameter and depth fields.

SCREEN RECORD

Diagram for screen type or open hole with appropriate code below. SCREEN RECORD: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER.

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 D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D 113

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

DEPTH (nearest ft.)

Table with columns 1-27 for depth measurements. Includes handwritten entries: HO 65, 600.

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.) 1.0 METHOD USED TO MEASURE PUMPING RATE Water/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft. WHEN PUMPING 167 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, 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 (nearest foot) 1

LATITUDE 3 9.23294 LONGITUDE 7 7.00253 (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.

<b>B 1</b>	<b>63181</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <i>504713-N</i>	STATE PERMIT NUMBER <b>HO-18-0055</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) *05/17/19*

8 MM DD YY 13

15 Last Name *Elm Street Development* Owner First Name 34

36 Street or RFD *1355 Beverly Road* 55

57 Town *McLean* 70 State *VA* 72 Zip *22001* 76

**LOCATION OF WELL**

8 COUNTY *Howard* 21

23 SUBDIVISION *Simpson Property* 42

SECTION *44* 46 LOT *40* 48 50

52 NEAREST TOWN *Dayton* 71

**DRILLER INFORMATION**

Driller's Name *Michael Barlow* 76 License No. *M WD 355* 81

Firm Name *Barlow Well Drilling*

Address *522 Underwood lane 2014*

Signature *[Signature]* 3-12-19 Date

**SOURCES OF DRILLING WATER**

1. *well*

11 STREET ADDRESS *Green Bridge Road* 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 *1500* 37 DISTANCE FROM ROAD

ENTER FT OR MI *FT* 38 39

TAX MAP: *27* BLK: *18* PARCEL *36*

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) *5* 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) *750* 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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME *Howard* COUNTY NO. *13*

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

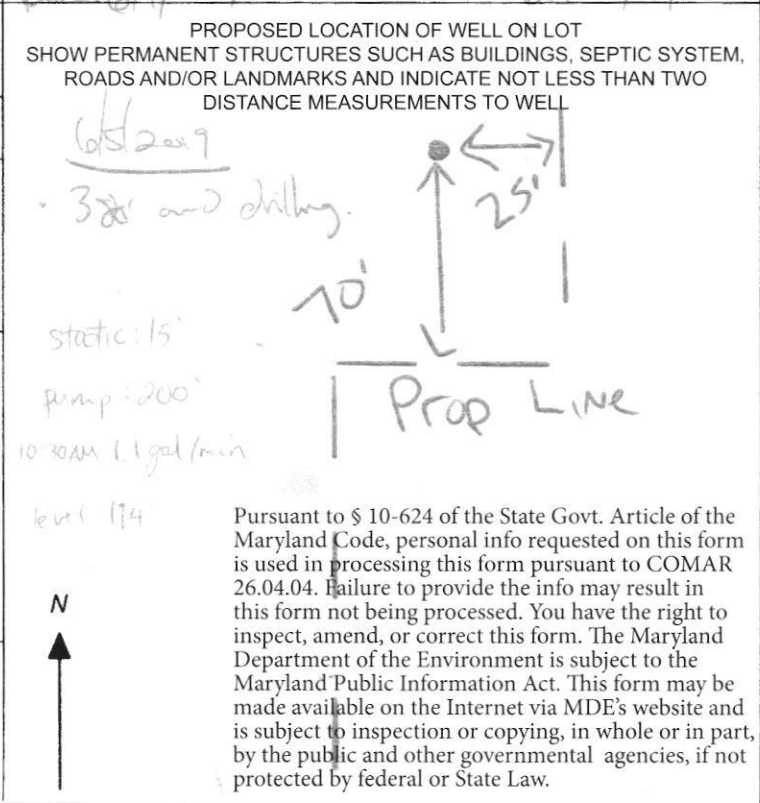
DATE ISSUED *4/25/19* *SL GLL* *4/25/20*

43 MM DD YY 48 CO SIGNATURE EXP. DATE

*Done 6/4/2019* *DOY: 9/20/19*

APPROXIMATE DEPTH OF WELL *300* FEET 24 28

APPROXIMATE DIAMETER OF WELL *6* INCH 30 34



**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)**

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 *H02017G001*

PERMIT No. *HO-18-0055* 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- *SEE ATTACHED MEMO.*

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**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:	September 20, 2019		
Well Depth:	600	feet	
Customer	Elm Street Development	Permit #	HO-16-0055
Road	Green Bridge Road	Subdivision	Simpson Property
City	Dayton	Section	
State	Maryland	Lot #	40

Time	Water Level feet <b>Pump set at 200'</b>	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	12	5	12.00
9:45 AM	135	6	10.00
10:00 AM	176	60	1.00
10:15 AM	175	60	1.00
10:30 AM	174	60	1.00
10:45 AM	173	60	1.00
11:00 AM	173	60	1.00
11:15 AM	172	60	1.00
11:30 AM	171	60	1.00
11:45 AM	170	60	1.00
12:00 PM	169	60	1.00
12:15 PM	169	60	1.00
12:30 PM	169	60	1.00
12:45 PM	168	60	1.00
1:00 PM	168	60	1.00
1:15 PM	168	60	1.00
1:30 PM	168	60	1.00
1:45 PM	168	60	1.00
2:00 PM	167	60	1.00
2:15 PM	167	60	1.00
2:30 PM	167	60	1.00
2:45 PM	167	60	1.00
3:00 PM	167	60	1.00
3:15 PM	167	60	1.00
3:30 PM	167	60	1.00
3:45 PM	167	60	1.00
4:00 PM	167	60	1.00
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 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: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Willow Creek Lot #: 40 Well Tag #: HO-18-0055  
Site Address: 7024 Colf Place  
Dayton, MD 21036

Submersible Pump Data  
Make: Goulds  
Model #: 54S10422  
Pump Capacity: S  
Well Yield: 1

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" R.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 600 (feet)  
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" PEX pipe  
PSI: 205 (160 psi min)  
Depth of supply line: 36" (36" min)

House Connection  
FVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 16'  
Sleeve sealed properly: YES

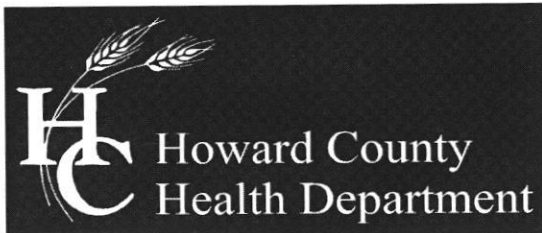
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8/31/2022

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

Date Insp. Requested: <u>08/04/2022</u>	Date Insp. Approved: <u>08/04/2022</u>	Inspector: <u>[Signature]</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	<u>38"</u> <u>08/04/2022</u> <u>[Signature]</u>
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	<u>35"</u> <u>08/04/2022</u> <u>[Signature]</u>
Safety rope not outside of well cap/casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	<u>30"</u> <u>08/04/2022</u> <u>[Signature]</u>
Water supply line sleeved adequately at house connection	<u>✓</u>	
Adequate grout observed below pitless adapter	<u>✓</u>	

(Revised form 10/24/2018)



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### MEMORANDUM

TO: **Summer Riley, Toll Mid-Atlantic LP Company, Inc.**

COPY: **Nathan Brandenburg, Toll Brothers, DC Metro Division**

FROM: **Robert Bricker, REHS/RS, L.E.H.S.**  
Well & Septic Program

RE: **7029 Colt Place, Potential Basement Bedroom**

DATE: May 12, 2022

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I have reviewed the floor plans in support of Building Permit **B22000743** for a new home at **7029 Colt Place** and noted that there is a Powder Room and potential for installation of egress window in a partly-finished basement. It is likely for one or more rooms to be considered bedrooms upon modification of the finished living space or conversion of unfinished basement to finished living space. As this lot is connected to the shared sewage system with a **five** bedroom per lot limitation, any future building permit for converting a portion of the unfinished basement into finished living space may be denied by the Health Department if the total number of proposed bedrooms in the dwelling is above five.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned are of a dwelling unit or accessory structure that:
  - (i) Is 90 square feet or greater in size;
  - (ii) May be used as a private sleeping area; and
  - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
  - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
  - (ii) A minimum 4 foot-wide opening, without doors, into another room;
  - (iii) A half wall (4 foot maximum height) between the room and another room; or
  - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities

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

**MEMORANDUM**

**TO:** Michael Barlow (MWD 355)  
Barlow Well Drilling

**FROM:** Sarah Collins, L.E.H.S. **SEC**  
Howard County Health Department  
Well and Septic Program

**DATE:** April 25, 2019

**RE:** Well permits for lots 26-45 of the Simpson Property

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Per the approved Water Appropriation and Use Permit from the State of Maryland, Department of the Environment, Water and Science Administration:

15. Well Spacing and Testing – The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements *COMAR 26.04.04.26* are met. In the event that a well that has been yield tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet minimum yield standards during simultaneous testing. All wells shall comply with well construction requirements.

The lots of the Simpson Property among lots 26-45 that are less than one acre in size include lots 28, 38, 39, 40, 41, 42, 43, and 44. Per the Water Appropriation and Use Permit, if a well on any of these lots is drilled within 100' of a well on another property, the two wells must be simultaneously yield tested. The well boxes on lots 42-44 are close the well boxes on lots 19-21 that Alexander's Well Drilling is drilling; coordinated yield testing between the two drilling companies may be required if the wells are within 100' of each other.

Sodium, chloride, and total dissolved solids (TDS) samples are required at yield for the wells on lots 26, 30, 31, 34, 35, 40, and 45.

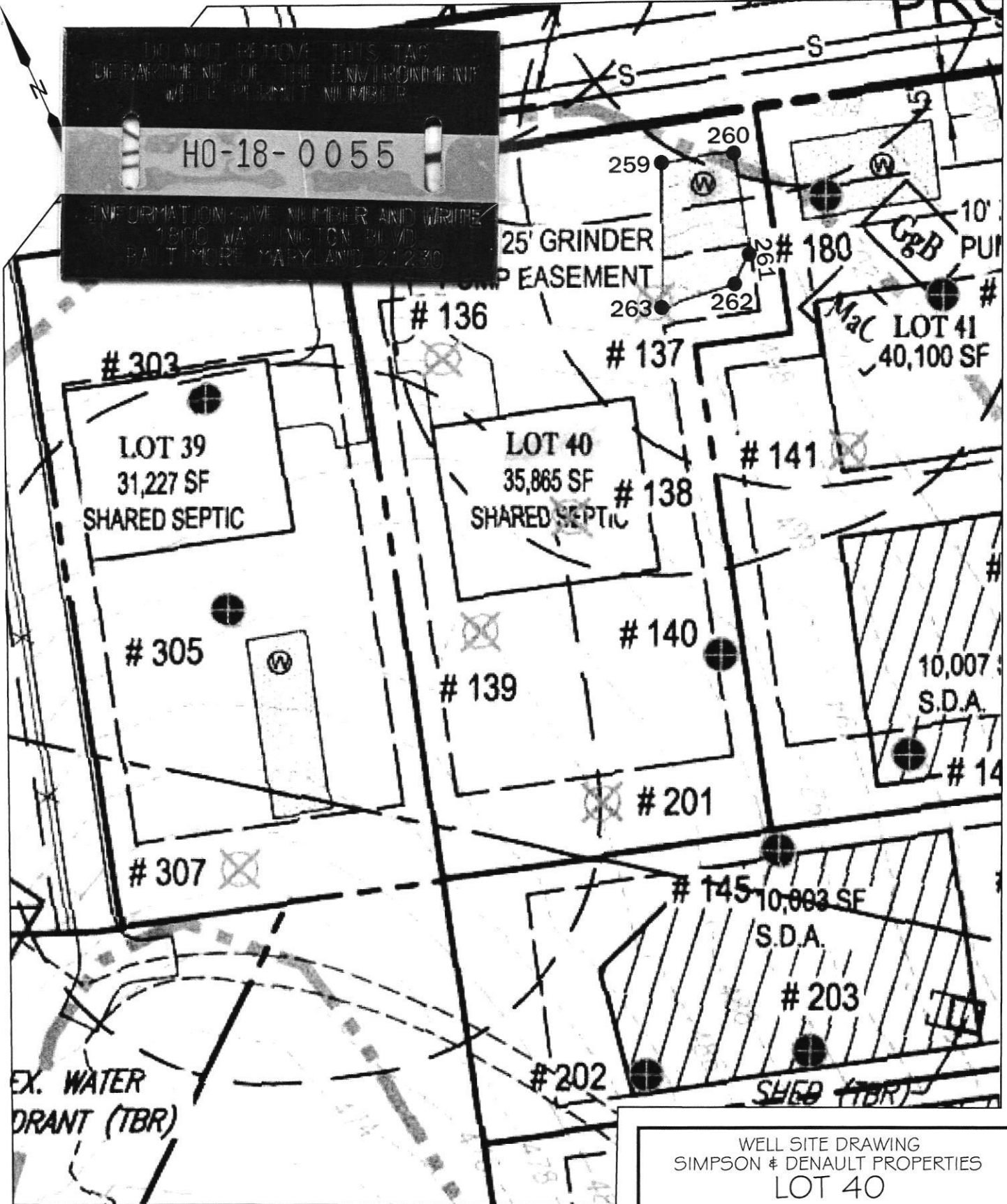
Feel free to contact our office at 410-313-1771 with any questions.

Cc: Geoff Yeager, Elm Street Development ([gyeager@elmstreetdev.com](mailto:gyeager@elmstreetdev.com))  
File

DO NOT REMOVE THIS TAG  
OR PART OF IT OF THE ENVIRONMENT  
WITH PERMIT NUMBER

H0-18-0055

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



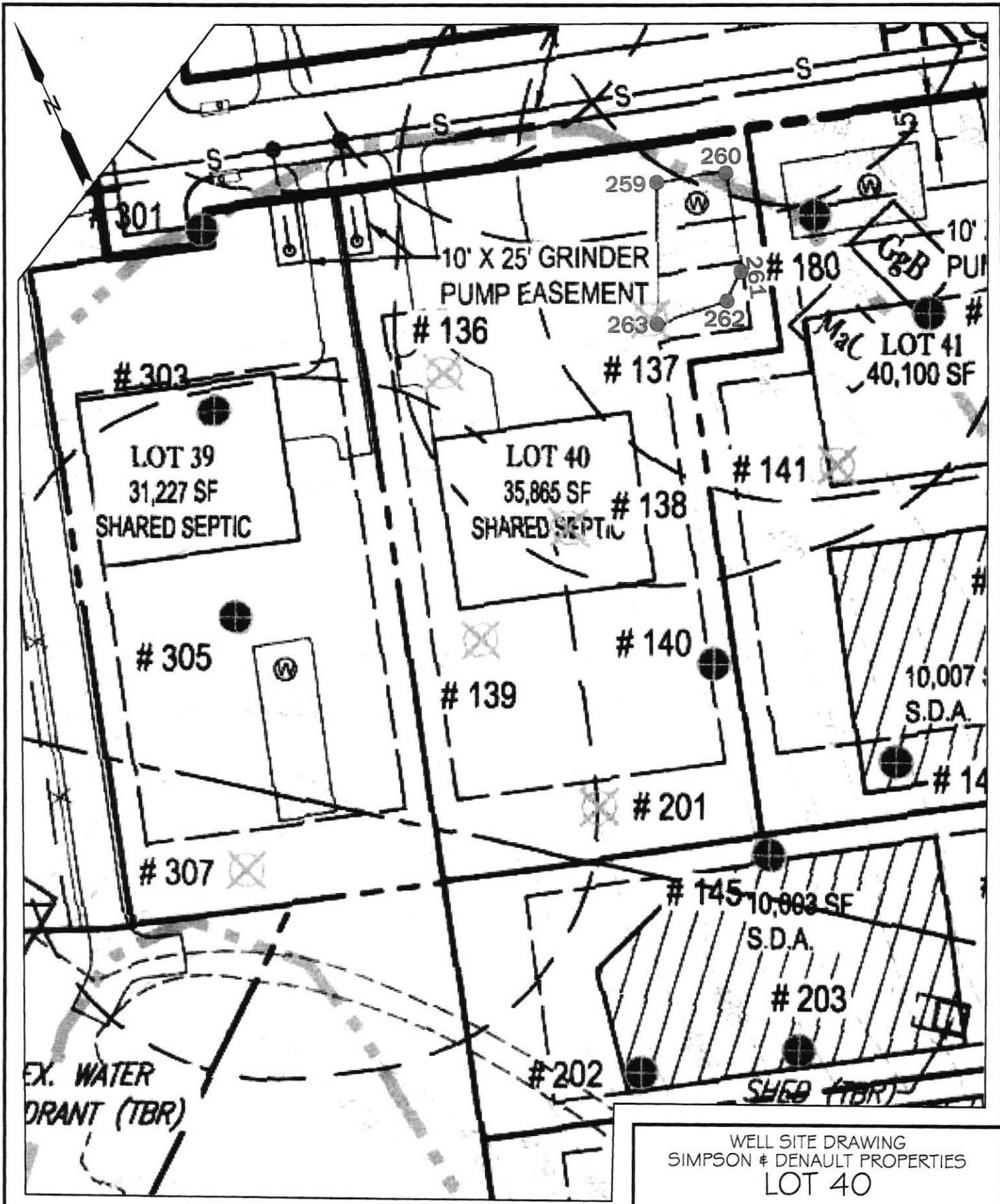
EX. WATER  
DRAIN (TBR)

Well <sup>box</sup> sites approved  
4/25/19 SC

Well box staked by  
Shanabarger + Lane

SHANABERGER & LANE  
8726 TOWN AND COUNTRY BLVD., SUITE 201  
ELLCOTT CITY, MD. 21043  
(410)461-9563 FAX: (410)461-9693

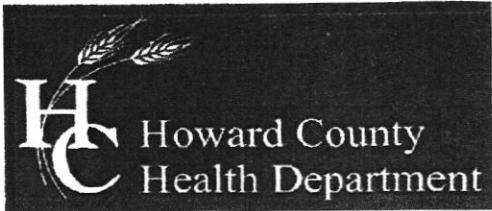
WELL SITE DRAWING  
SIMPSON & DENAULT PROPERTIES  
LOT 40  
TAX MAP 27 GRID 18  
PARCELS 34, 36, 98, 111, & 112  
5TH ELECTION DIST.  
HOWARD COUNTY, MD.  
SCALE: 1"=50' DATE: 2/21/19



SHANABERGER & LANE  
 8726 TOWN AND COUNTRY BLVD., SUITE 201  
 ELLICOTT CITY, MD. 21043  
 (410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING  
 SIMPSON & DENAULT PROPERTIES  
 LOT 40

TAX MAP 27 GRID 18  
 PARCELS 34, 36, 98, 111, & 112  
 5TH ELECTION DIST.  
 HOWARD COUNTY, MD.  
 SCALE: 1"=50' DATE: 2/21/19



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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:

LOT #'S 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL C', 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45

Well Site Location:

SIMPSON/DENAULT
Subdivision/Property Name

Lot #

GREEN BRIDGE RD.
Road Name

X The well site has been staked by SHANABERGER & LANE
(professional land surveyor or company employing professional land surveyors)
on 1/9/19 (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.

Revised 4/22/14



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

**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – April 13, 2023**

October 13, 2022

Homeowner  
7029 Colt Place  
Dayton, MD 21036

**RE: Willowshire, Lot 40**  
**7029 Colt Place**  
**Building Permit: B20000743**  
**Well Permit: HO-16-0055**

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 **10/11/2022**. Final approval of the well line connection to the dwelling was granted on **8/4/2022**. The well construction was completed on **9/20/2019**. Water samples were collected on **10/4/2022**.

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-16-0055. 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>

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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 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 #: 154947 Account #: 1933  
Reference: Willow Creek Lot 40 Client: Fogle's Well Pump & Treatment  
Location: 7029 Colt Place Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 10/4/2022 0920 Site: Pressure Tank  
Date/Time Rec'd: 10/4/2022 1203 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Evans 0309JE Well #: HO-16-0055

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2022 / 0835 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2022 / 0835 / MEW
Nitrate.	4.72	mg/L	10	EPA 300.0	10/4/2022 / 1435 / TSD
Turbidity	7.00	NTU	<10	SM2130B	10/4/2022 / 1555 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/4/2022 / 1255 / TSD

### 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 # :** 22000743

Date Reported: 10/5/2022