

C1 60579 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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED APPROVED 10-2-00 03/12/2021 22 480 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-20-0050 28 29 30 31 32 33 34 35 36 37

OWNER Wang, Daniel & Audrey WELL SITE ADDRESS 7151 Mink Hollow Rd TOWN Highland, MD SUBDIVISION SECTION LOT

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. Rows: Brn Clay (0-50), Brn Gray Rock (50-60), Gray Rock (60-480) ✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO 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...

DRILLERS LIC. NO. 1 M SD DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

GROUTING RECORD yes no Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 300 GALLONS OF WATER 300 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 60

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 PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 1 2 3 40 60 480

E A C H S C 3 R E E N 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 (NEAREST INCH) 56 60 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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA 74 75 76

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 2 8 9

PUMPING RATE (gal. per min.) 8 15

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 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 (nearest foot) 49 50 51

LATITUDE 39.17552 LONGITUDE 76.99070 (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.

Columbia



05-352126

TAG =

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>68081</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <b>567937-B</b> please type	STATE PERMIT NUMBER <b>HO-20-0050</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) **08/20/20**

8 MM DD YY 13

15 Last Name **Wong** Owner **Daniel + Audrey** First Name **Daniel** 34

36 Street or RFD **811 Malibu Drive** 55

57 Town **Silver Spring MD** 70 State **MD** 72 Zip **20901** 76

**B 3** LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Highland** 42

SECTION **44** 46 LOT **48** 50

52 NEAREST TOWN **Highland** 71

**DRILLER INFORMATION**

Driller's Name **Marshal Arnette** M **S** D **106** 76 License No. 81

Firm Name **Allied Well Drilling**

Address **PO Box 129 Annapolis Junction MD 20720**

Signature **Marshal Arnette** Date **08/04/2020**

**B 4** SOURCES OF DRILLING WATER

1. **Public**

2.

3.

11 STREET ADDRESS **7151 Mink Hollow Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **0040** BLK: \_\_\_\_\_ PARCEL **0014**

**B 2** WELL INFORMATION

1 APPROX. PUMPING RATE **10** 8 (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED **1,000** 14 (GAL. PER DAY) 20

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

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

22

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

Howard COUNTY NAME 13 COUNTY NO.

M. STATE SIGNATURE **Boender** INSERT S → 41

DATE ISSUED **09/30/20** CO SIGNATURE **Ann Thomas** EXP. DATE **09/30/20**

43 MM DD YY 48

~~DOY: 10/2/2020 (ST) DOG: 10/2/2020 (ST) DOY: 10/2/2020 (ST)~~

APPROXIMATE DEPTH OF WELL **400** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

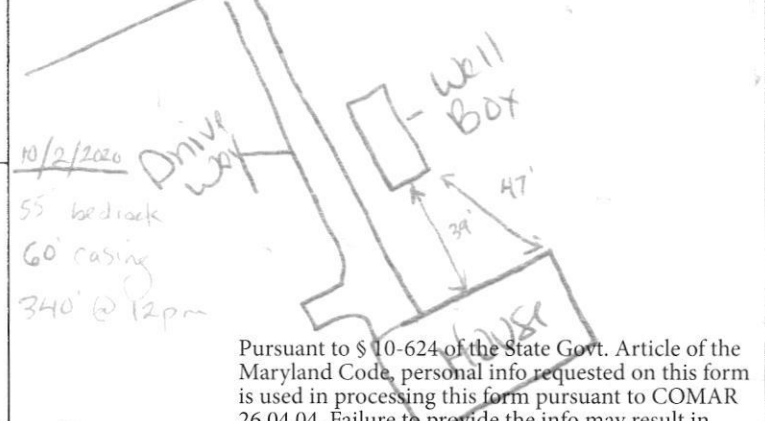
**METHOD OF DRILLING (circle one)**

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)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39  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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. **HO-20-0050** 70 71 72 73 74 75 76 77 78 79

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Handwritten notes and signatures in the top left section.

NOTICE TO THE APPLICANT BY THE HEALTH DEPARTMENT APPROVAL

PROPOSED LOCATION OF DRINKING WATER SUPPLY... (Main body of text on the left page)

Handwritten notes and signatures in the top right section.

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 15; AVERAGE DAILY QUANTITY REQUIRED (GAL. PER DAY) 30; WATER FOR WATER (FOR EACH HOUSEHOLD) 100 GALLONS PER DAY; TYPE OF CONSTRUCTION (SUBJECT TO RESIDENTIAL); PURPOSE (DOMESTIC & AGRICULTURAL); INTENT (DOMESTIC & AGRICULTURAL); B. WELL (SUBJECT TO RESIDENTIAL); C. WELL (SUBJECT TO RESIDENTIAL); OTHER (SUBJECT TO RESIDENTIAL); CLOSURE (SUBJECT TO RESIDENTIAL)

METHOD OF DRILLING: HAND-DRIVEN; TYPE: 1; LOCATION: 100 YARDS; DEPTH: 10 FEET; NEAREST HOUSE: 50 FEET

RECEIVED JUN 12 2009; SPECIAL COPIES TO: WOOD; OFFICE: 100 YARDS; DEPTH: 10 FEET





**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: Robert L. Feezer Co., Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Russell George License# PI0148

**\*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: Columbia Builders Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO -20 -0050 ST  
Site Address: 7151 Mink Hollow Road  
Highland, Maryland 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5CS10422C</u>	Model#: <u>PT800</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>5</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: _____ (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		
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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve scaled 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.**

Robert L. Feezer  
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

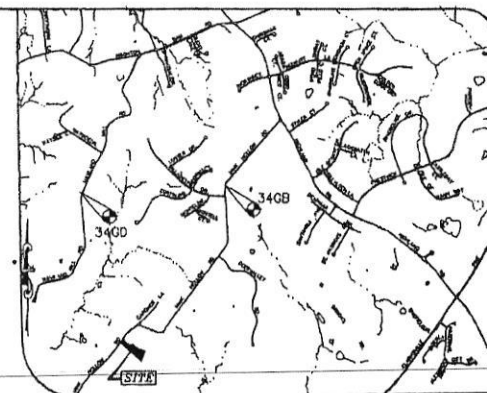
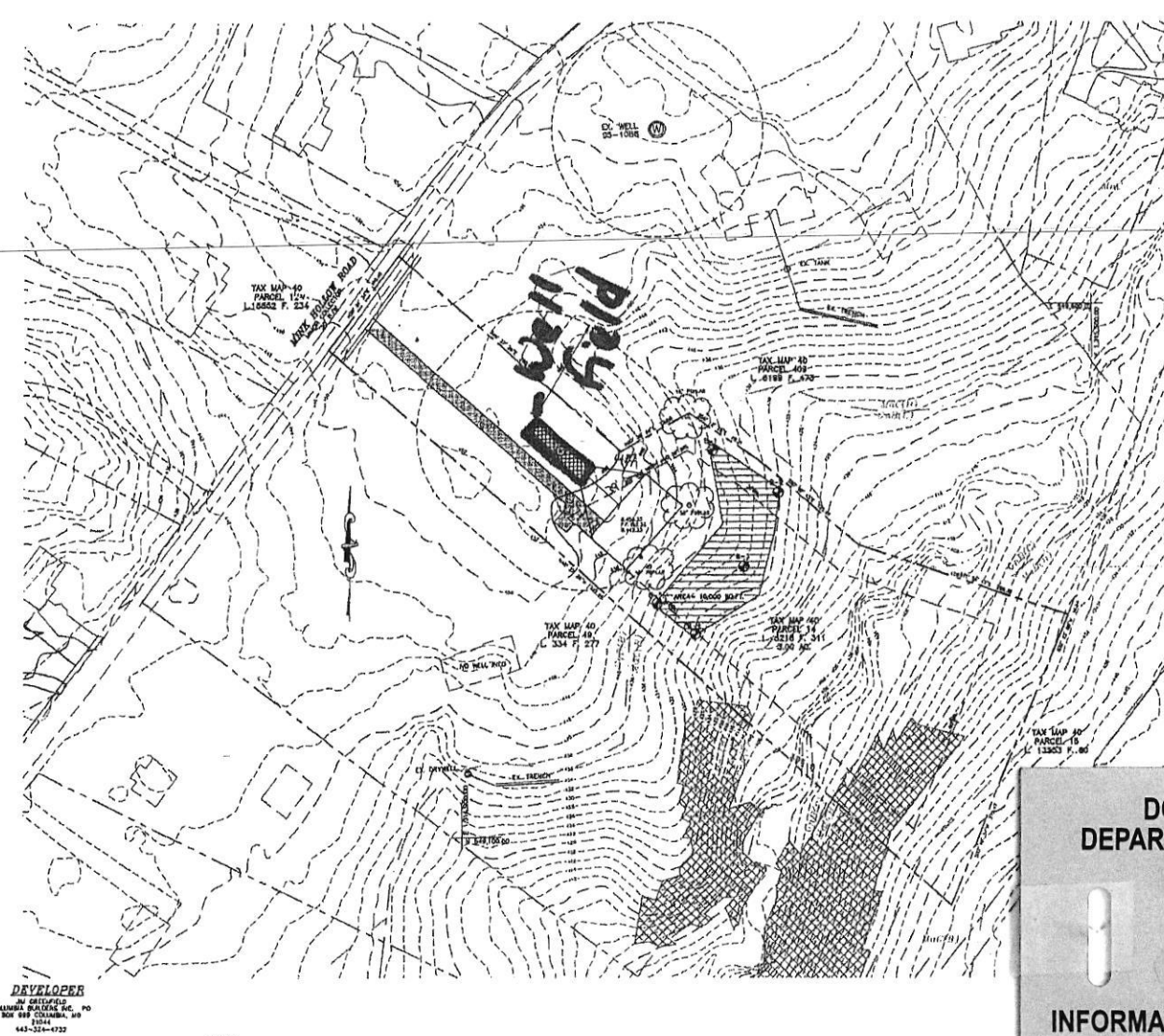
Date Insp. Requested: 12/16/21 Date Insp. Approved: 12/16/21 Inspector: (ST)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 45"  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 39"  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 13"  
Water supply line sleeved adequately at house connection ✓ 20"  
Adequate grout observed below pitless adapter ✓



*\*note: tremie pipe left in annular space*

**SOILS TABLE**

SYMBOL	RATING	NAME	T FACTOR	SOIL MAP #
SpH	(B)	BLENDLE LOAM, 3-8% SLOPE	.37	
ShB	(C)	BLENDLE-BASE SAT LOAMS, 0-8% SLOPE	.43	
MaC	(B)	MAJOR LOAM, 8-15% SLOPE	.32	
MaB	(B)	MAJOR LOAM, 15-15% SLOPE	.33	



VICINITY MAP  
SCALE: 1" = 200'

**GENERAL NOTES:**

1. THE SUBJECT PROPERTY IS TOWNED 88-880 PER THE 10/09/2012 COMPREHENSIVE ZONING PLAN.
2. PROPERTY BACKGROUND:  
ADDRESS: 7151 MINK HOLLOW ROAD, HOWARD, MD. 21777  
TAX MAP 18 - PARCEL 16  
ELECTION DISTRICT: 5TH  
AREA: 3.084 ACRES
3. PROJECT BOUNDARY IS BASED ON A FIELD BOUNDARY SURVEY PERFORMED ON OR ABOUT MAY, 2020 BY MILDENBERG, BOENDER & ASSOC. INC. TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
4. TOPOGRAPHY SHOWN HERE WAS FIELD VERIFIED BY MILDENBERG, BOENDER & ASSOC. INC. TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
5. HORIZONTAL AND VERTICAL BOUNDARIES ARE RELATED TO THE MARYLAND STATE PLANE COORDINATE SYSTEM AS FACED FROM HOWARD COUNTY CONTROL. ELECTION NO. 1370 & 1670  
SITE NO. 24 06 N 883466730 E 312788376 N L 483294  
SITE NO. 24 06 N 883466730 E 312788376 N L 483294
6. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN FOOT OF THE PROPERTY BOUNDARIES AND FOOT BOUNDARY OF ANY NEAR AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
7. SOIL LOCATION AND CLASSIFICATION BASED ON HOWARD COUNTY US 50K SURVEY.
8. WELL LOCATIONS SHOWN ARE BASED ON HEALTH DEPARTMENT RECORDS VIEWED BY FIELD SURVEY.
9. ANY CHANGES TO A PRIVATE SEWERAGE TREATMENT AREA SHALL REQUIRE A SEWER PERCOLATION CERTIFICATION PLAN.
10. SEPTIC TANKS AND BIRN FIELD SHOWN IS BASED ON DATA PROVIDED BY HOWARD COUNTY HEALTH DEPARTMENT.
11. THIS AREA DESIGNATES A PRIVATE SEWERAGE AREA 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR REGIONAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA AND RESIDENTS WITH PUMP-OUT SYSTEMS AVAILABLE FOR SEWERAGE SHALL BECOME RESPONSIBLE FOR THE CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE STATE DEPARTMENT SHALL HAVE THE AUTHORITY TO GRANT ABANDONMENT TO THE PRIVATE SEWERAGE TREATMENT (REGISTRATION OF A WOODS EASEMENT) SHALL NOT BE NECESSARY.
12. THE LOTS SHOWN HEREIN COMPLY WITH MINIMUM OVERSIP LOT WIDTH AND AREA.
13. ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDING. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT RECORDING. IT WILL NOT BE CONSIDERED "CONSTRUCTION DELAY" IF THE WELL DRILLING BEGINS UPON SIGNATURE OF THE RECORD PLAT.
14. THE LOTS SHOWN HEREIN COMPLY WITH THE MINIMUM OVERSIP, WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

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

**HO-20-0050**

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

M:\2020\20-013 MINK HOLLOW PROPERTY\DWG\20-013 MINK HOLLOW INITIAL PERC PLAN.DWG

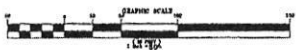
**DEVELOPER**  
 MILDENBERG,  
 BOENDER & ASSOC., INC.  
 1800 WASHINGTON BLVD, SUITE 200  
 BALTIMORE, MD 21230  
 410-528-7800

APPROVED FOR PRIVATE, MAJOR AND PRIVATE SEPTIC  
 HOWARD COUNTY HEALTH DEPARTMENT



I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR  
 APPROVED BY ME AND THAT I AM A DULY LICENSED  
 PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF  
 MARYLAND, LICENSE NO. 20244, EXPIRE DATE 04/30/24

DATE: 7/2/2020  
 SIGNATURE: DAVID A. ALDNER P.E.



PROJECT	DATE	SCALE
20-013	7/2/2020	ASB MAP 30-80

**MINK HOLLOW ROAD PROPERTY**  
 TAX MAP 40 - PARCEL 14  
 FIFTH ELECTION DISTRICT  
 PERCOLATION CERTIFICATION PLAT

**MILDENBERG,  
 BOENDER & ASSOC., INC.**  
 Engineers, Planners, Surveyors  
 1800 WASHINGTON BLVD, SUITE 200  
 BALTIMORE, MD 21230  
 (410) 528-7800 Fax: (410) 528-7800

7151 Mink Hollow Rd  
 Approved 9/30/2020 **SD**  
 Stated by Mildenberg Boender & Assoc.

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

**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – MAY 1, 2023**

November 1, 2022

Homeowner  
7151 Mink Hollow Road  
Highland, MD 20777

**RE: Fancisco Property, P. 14**  
**7151 Mink Hollow Road**  
**Building Permit: B221002029**  
**Well Permit: HO-20-0050**

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 **1/19/2022**. Final approval of the well line connection to the dwelling was granted on **12/10/2021**. The well construction was completed on **10/2/2020**. Water samples were collected on **9/28/2022**.

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-20-0050. 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 Environment's 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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154865 Account #: 1920  
Reference: Columbia Builders Client: Robert L. Feezer Co  
Location: 7151 Mink Hollow Road Requested By: Linda Jones  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 9/28/2022 1245 Site: Pressure Tank  
Date/Time Rec'd: 9/28/2022 1505 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: J. Yeager 0819JY Well #: HO-20-0050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/29/2022 / 1015 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/29/2022 / 1015 / TSD
Nitrate.	4.41	mg/L	10	EPA 300.0	9/29/2022 / 0046 / CS/MW
Turbidity	0.44	NTU	<10	SM2130B	9/29/2022 / 1140 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	9/29/2022 / 1110 / 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 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B21002029

Date Reported: 9/30/2022