

C1 56782

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY 03 15 19

DATE WELL COMPLETED MM DD YY 02 19 19

Depth of Well 22 500 26 (TO NEAREST FOOT)

OK 3/15/19 SC HO 17-0393

OWNER Heritage Land Development WELL SITE ADDRESS Florence Road TOWN BNT Airy SUBDIVISION Patrick Family Property SECTION LOT 2

WELL LOG Not required for driven wells

GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

C 3 PUMPING TEST

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

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

HOURS PUMPED (nearest hour) 6

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

NO. OF BAGS 45 46 116 NO. OF POUNDS 45 46 1200

PUMPING RATE (gal. per min.) 3.0

Table with 3 columns: DESCRIPTION, FEET FROM, FEET TO. Rows include SOIL, Brown Shale, MED GRAY Rock, HARD GRAY Rock.

GALLONS OF WATER 80 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 45 ft.

METHOD USED TO MEASURE PUMPING RATE water/bucket

CASING RECORD casing types insert appropriate code below

WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft.

MAIN CASING TYPE PL Nominal diameter top (main casing) (nearest inch)! 6 Total depth of main casing (nearest foot) 45

WHEN PUMPING 147 ft.

OTHER CASING (if used) diameter inch depth (feet) from to PL 4.12 40 120

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 45 500

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

WELL HYDROFRACTURED Y N

ACSHS R E E N

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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.

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

PUMP HORSE POWER 37 41

DRILLERS LIC. NO. M D 355

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP COLUMN LENGTH (nearest ft.) 43 47

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 1

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

LATITUDE 3 9.32756

LONGITUDE 7 7.14581

(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.

TR-2/18/2017

B	1	62776	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-17-0393</u> <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 12/31/18

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

Howard
 8 COUNTY 21
Patrick Family Ltd Part II
 23 SUBDIVISION 42
 SECTION 44 46 LOT 2
 48 50
MT Airy
 52 NEAREST TOWN 71

DRILLER INFORMATION

Michael Barlow M D 355
 76 License No. 81
Barlow Well Drilling
 Firm Name
522 Underwood Lane 21014
 Address
[Signature] 12/17/18
 Signature Date

SOURCES OF DRILLING WATER

1. Well
 2.
 3.

Florence Road
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD
 (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 200 37
 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: 6 BLK: 17 PARCEL 605

WELL INFORMATION

APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 750
 (GAL. PER DAY) 14 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13)
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 1/15/19 Sch CM 1/15/20
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 2/7/19 (SC) POS: 2/9/2019 (SC) DOY: 2/19/19 (SC)

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 4 1/2 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 _____

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

Prop Line

2/7
 -45' PVC casing
 -at 34'
 -little water

2/19
 -started pumping @ 10 am
 -41' static
 -3 gpm
 -150' drawdown
 -147' meas. pt.
 -pump @ 20'
 -collected Na, Cl, TDS samples @ 172 gpm

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REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

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 DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-17-0393
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Sodium chloride + TDS samples req'd at yield.



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	February 19, 2019		
Well Depth:	500	feet	
Customer	Heritage Land Development	Permit #	HO-17-0393
Road	Florence Road	Subdivision	Patrick Family Property
City	Mount Airy	Section	
State	Maryland	Lot #	2

Time	Water Level feet Pump set at 200 feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	41	4	15.00
10:15 AM	150	20	3.00
10:30 AM	150	20	3.00
10:45 AM	150	20	3.00
11:00 AM	150	20	3.00
11:15 AM	150	20	3.00
11:30 AM	149	20	3.00
11:45 AM	149	20	3.00
12:00 PM	149	20	3.00
12:15 PM	149	20	3.00
12:30 PM	149	20	3.00
12:45 PM	149	20	3.00
1:00 PM	148	20	3.00
1:15 PM	148	20	3.00
1:30 PM	148	20	3.00
1:45 PM	148	20	3.00
2:00 PM	148	20	3.00
2:15 PM	148	20	3.00
2:30 PM	148	20	3.00
2:45 PM	148	20	3.00
3:00 PM	147	20	3.00
3:15 PM	147	20	3.00
3:30 PM	147	20	3.00
3:45 PM	147	20	3.00
4:00 PM	147	20	3.00
4:15 PM	147	20	3.00

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: Fogale Well Pumps & Water Treatment, LLC Telephone #: 410 795 5670
Address: 2580 Abrecht Rd, 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): David C Fogale License# MSD726

*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: Chris Curley Telephone #: _____
Subdivision: Patrick Family Lot #: 2 Well Tag #: HO-17-0393
Site Address: 1604 Florence Rd, Mt Airy, MD 21797

Submersible Pump Data

Make: Gunnies
Model #: 155GE07-180
Pump Capacity: 15
Well Yield: 3

Pitless Adapter

Make: Campbell +
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YS

Well Cap and Electric Conduit

Two piece watertight cap: YS
Screened, vented well cap: YS
Cap secured to casing: YS
Conduit min 18" B.G.: YS
Conduit secured to well cap: YS

Depth of well encountered at time of pump installation: 500 (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" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YS
Length of sleeve (5' minimum from foundation): 16'
Sleeve sealed properly: YS

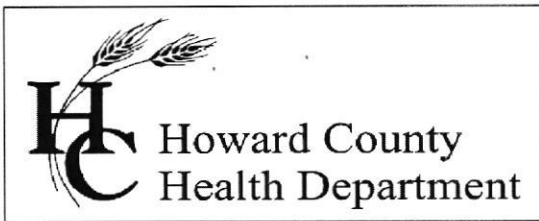
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 6/11/2021

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

Date Insp. Requested: <u>6/2/21</u>	Date Insp. Approved: <u>6/2/21</u>	Inspector: <u>RR</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
	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"/>
	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"/>
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
	Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

(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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

October 12th, 2021

Homeowner
1604 Florence Road
Woodbine, MD 21797

**RE: Patrick Family Limited Partnership II, Lot 2
1604 Florence Road
Building Permit: B20004087
Well Permit: HO-17-0393**

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 **August 12th, 2021**. Final approval of the well line connection to the dwelling was granted on **June 2nd, 2021**. The well construction was completed on **February 19th, 2021**. Water samples were collected on **September 30th, 2021**.

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-17-0393. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

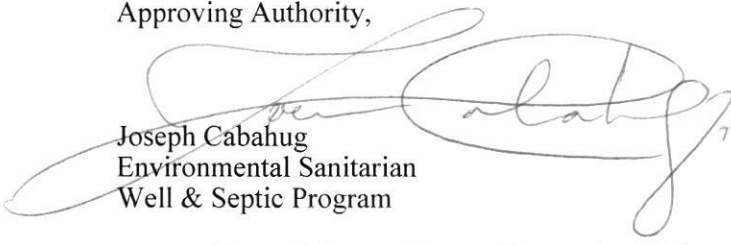
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

Approving Authority,

Joseph Cabahug
Environmental Sanitarian
Well & Septic Program

A handwritten signature in black ink, appearing to read 'Joseph Cabahug', is written over the printed name. The signature is fluid and cursive, with a small number '7' at the end of the final stroke.

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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

March 11, 2019

Heritage Land Development
PO Box 482
Lisbon, MD 21765

Re: Water sample results for well #HO-17-0393 at Patrick Family Limited Partnership II Lot 2 on Florence Road

Dear Heritage Land Development,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from the well #HO-17-0393 at Patrick Family Limited Partnership II Lot 2 on Florence Road.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 32.15 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured 90 mg/ L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 212 mg/ L.**

Sodium, chloride, and TDS are all secondary contaminants and will not affect the issuance of a Certificate of Potability for the well. Given the elevated levels of sodium, the builder or future homeowner may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report To: Bert Nixon

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences
TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received


E19002660002
Received: 02/21/2019
Metals HO-17-0393

LABORATORY ANALYSIS REQUEST

SAMPLE TESTED AS RECEIVED

Please Print

Do not write above this line

Sample ID No: HO-17-0393 Site Name: Patrick Family Trust - Lot 2 County: Howard

Sample Source: Florence Rd. Mt. Airy Collector: S Collins
Street Town or City Name

Date Collected: 2/19/2019 Time Collected: 1 a.m./p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: <2, SHS, 2/21/19

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F 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 @ yield

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

RECEIVED
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____

Date Reported: MAR/07 2019

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
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: E19002660 Date Coll.: 02/19/2019 Date Received: 02/21/2019 Submitted By: S. Collins

Field ID: HO-17-0393
Lab No.: E19002660002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	32.15	ppm	02/26/2019

Comments:

Approved by: Sadia Muneer

Approval date: 03/04/2019

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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 County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS



E19002659002

Received: 02/21/2019

Inorganic

HO-17-0393

S A M P L E I D	Bottle Number: <u>HO-17-0393</u>	Name: <u>Patrick Family Trust - Lot 2</u>	County: <u>Howard</u>	County Code: <input type="text" value="1"/> <input type="text" value="3"/>	
	Location: <u>Florence Rd.</u>	<u>Mt. Airy</u>	Data Category Code: <input type="text" value="4"/> <input type="text" value="F"/>		
	Collected: Date <u>2/19/19</u>	Time <u>1 pm</u>	Collector & Phone: <u>S. Collins 410-313-6287</u>	Submitter Code: <input type="text"/>	
	CHECK (one per box)				
	<input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other	<input type="checkbox"/> Community <input type="checkbox"/> Non-community <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL	<input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Recheck <input type="checkbox"/> Special	Federal Project: <input type="text" value="5"/>

F I E L D	Plant No. <input type="text"/>	Sampling Station <input type="text"/>	Preservation: Iced <input checked="" type="checkbox"/>	Acid <input type="checkbox"/>	Type of Acid <input type="text"/>
	pH <input type="text"/>	Chlorine: Free <input type="text"/>	Total <input type="text"/>	Specific Conductance <input type="text"/>	
	Notes to Lab/Remarks: <u>Sample collected @ yield.</u>				

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)

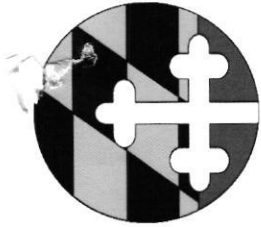
Number of Tests Requested

Section Chief _____

SAMPLE TESTED AS RECEIVED

Date Reported _____

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
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 NoE19002659 Date Coll. 02/19/2019 Date Received 02/21/2019 Submitted By: S. Collins

Field ID: HO-17-0393
Lab No.: E19002659002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	90	mg/L	03/01/2019
Total Dissolved Solids	SM 2540C	212	mg/L	02/25/2019

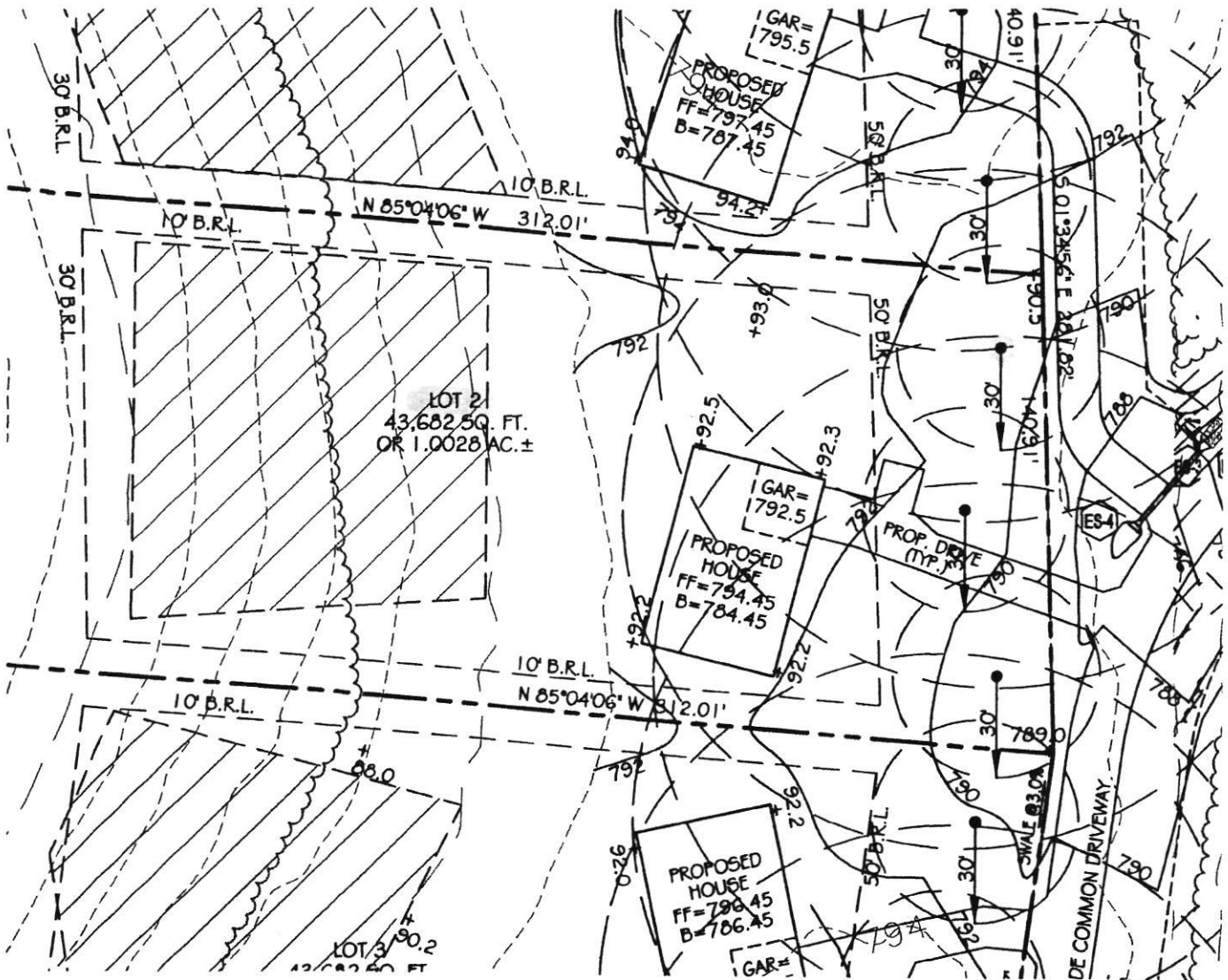
Comments:

Approved by:

Approval date: 03/05/2019

*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. Samples are tested as received.

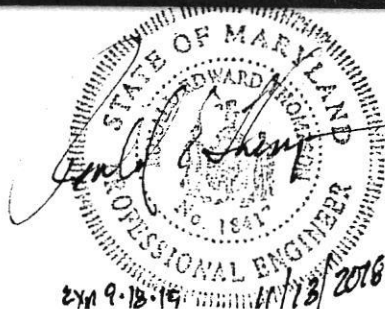
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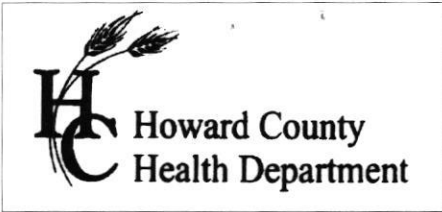
Well sites approved
1/15/19 SC

Well sites staked by
Vanmar Associates, Inc.

WELL LOCATION EXHIBIT
LOT 2
PATRICK FAMILY LIMITED PARTNERSHIP II
LIBER 14957 AT FOLIO 110
ELECTION DISTRICT: No. 4
HOWARD COUNTY, MARYLAND
NOVEMBER, 2018 SCALE: 1" = 50'



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (410) 549-2751
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Bert Nixon, Director

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>Patrick Family LMT Partnership II</u>	<u>2</u>	<u>Florence</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Vanmar Associates, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 11/16/18 (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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 147726 Account #: 1933
Reference: Cairn Custom Homes Client: Fogle's Well Pump & Treatment
Location: 1604 Florence Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/30/2021 1045 Site: Powder Room Sink
Date/Time Rec'd: 9/30/2021 1227 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J. Evans 0309JE Well #: HO-17-0393

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2021 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2021 / 0830 / CRS
Nitrate	2.51	mg/L	10	601	10/1/2021 / 0950 / CRS
Turbidity	0.52	NTU	<10	SM20 2130B	9/30/2021 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	9/30/2021 / 1350 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20004087

Date Reported: 10/1/2021