

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

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

COUNTY NUMBER **A522879**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

MAR 31 2006 **3 29 06** **22 280 26** **HO-95-0328**

(TO NEAREST FOOT)

OWNER **S. Sharp** **Charles**
STREET OR RFD **Monticello Drive** TOWN **Cooksville**
SUBDIVISION _____ SECTION _____ LOT **1**

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	3	
clay	3	10	
sand	10	68	
Gray Mica Rock	68	280	-

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box)

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

NO. OF BAGS **20** NO. OF POUNDS **1880**
GALLONS OF WATER **120**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** TOP ft. to **68** BOTTOM 58 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **73**

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type or open hole **SCREEN RECORD**

(insert appropriate code below)

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2 DEPTH (nearest ft.)

1 **Ho** 70 280

E 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E
N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
56 _____ 60 _____
from _____ to _____

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **10**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **28** ft.
WHEN PUMPING **95** 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 **29**

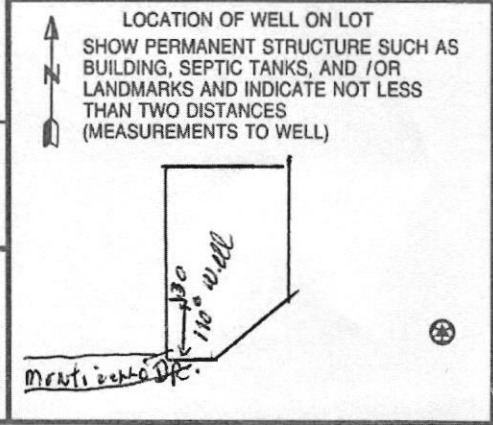
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____

PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)

above LAND SURFACE **3** (nearest foot)
 below



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED yes no

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. **MSD024** **Joseph & Mayne**
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MSD027** **Joseph Mayne**

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

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

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

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 1012 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HD-95-0328
 1 2 3 6 524355 please type 70 79 fill in this form completely 79

Date Received (APA) 03312006 OWNER INFORMATION
 8 MM DD YY 13
Sharp Owner Charles First Name
 15 Last Name 34
4003 Jennings Chapel Rd
 36 Street or RFD 55
Brookeville Md 20833
 57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION
Joseph L. Mayne MS D 024
 Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
 First Name
5512 Ridge Rd West Airy Md 21775
 Address
Joseph L. Mayne 3/14/06
 Signature Date

B 4 13950
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Monticello Dr.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 90 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 9 BLK: 19 PARCEL 327

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 4
 1 2
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

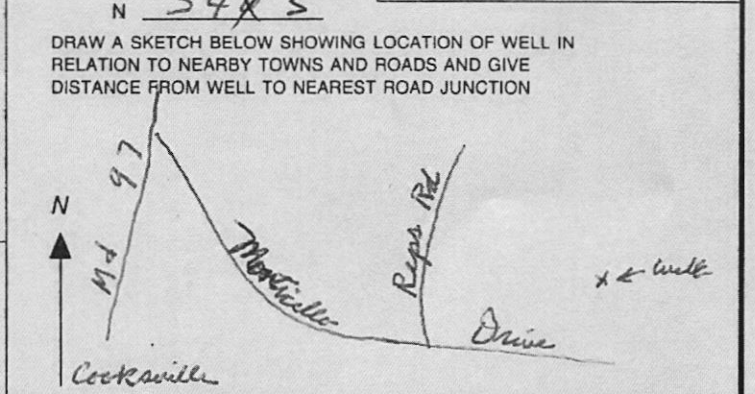
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 9522879 COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 3/23/06 EXP. DATE 3/23/07
 43 MM DD YY 48 CO SIGNATURE
 NORTH GRID 543000 EAST GRID 803000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH 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 790803
 N 543
 000
 000

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. HD-95-0328
 70 71 72 73 74 75 76 77 78 79

**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: Allied Well Drilling Telephone #: 301-770-8370
Address: P.O. Box 129
Arundel, Gunter, MD 20701

(Must circle one) Licensed Plumber **Licensed Well Driller** Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): A Capelle License# AWD 926

***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: Sharp Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0328 ✓
Site Address: 12989 Montross Dr
Crofton, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Schuber 1210</u>	Make: <u>Simon</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>401.07</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <input checked="" type="checkbox"/> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>280</u> (feet)	Conduit secured to well cap: <input checked="" type="checkbox"/>	

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 inside of well casing

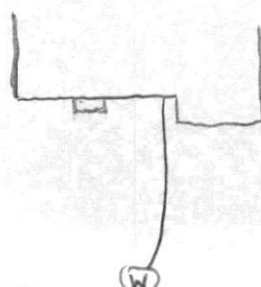
Piping to house	House Connection
Type: <u>HDPE</u>	PVC sleeve to undisturbed soil at wall penetration
PSI: <u>100</u> (160 psi min)	Length of sleeve (5' minimum)
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealant

The water supply line is required to be at least ten feet above the distribution box, drainfields, and sewage reserve are approval prior to installation.

Signature of company representative responsible for installation: _____

For Health Department Use Only

Date Insp. Requested: 9/16/22 Date Insp. Approved: _____
Inspection Data: Pitless adapter watertight & water supply
Two piece cap installed and attached to casing
Elec. conduit extends at least 18" below casing
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing
Water supply line sleeved adequately at house
Adequate grout observed below pitless adapter



*Well needs
Access*

g,
for

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, February 8, 2023 3:26 PM
To: nvallan@atlanticblue.net
Cc: Wolf, Kevin
Subject: Water Sample Information_13980 Monticello Dr

Hi Mr. Allan:

Good afternoon. I am following-up on behalf of my coworker Kevin Wolf. Besides the required Interim Certificate of Potability water samples (i.e. Bacteria, Nitrate, Turbidity, Sand, & pH), we would like sodium, chloride & TDS samples collected too. We won't need radionuclides samples.

Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 24, 2023

February 24, 2023

Homeowner
13980 Monticello Drive
Cooksville, MD 21723

**RE: Sharp Property, Lot 1
13980 Monticello Drive
Building Permit: B21004013
Well Permit: HO-95-0328**

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 **11/10/2022**. Final approval of the well line connection to the dwelling was granted on **9/16/2022**. The well construction was completed on **3/29/2006**. Water samples were collected on **2/7/2023, 2/9/2023, 2/20/2022, 2/22/2023**.

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-95-0328. 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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 157204 Account #: 1045
Reference: Caruso Homes Client: Atlantic Blue Water Services
Location: 13980 Monticello Drive Requested By: Mark Mather
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 2/7/2023 1000 Site: Boiler Drain
Date/Time Rec'd: 2/7/2023 1317 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: E. Van Allen 1560EV Well #: HO-95-0328

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate.	5.08	mg/L	10	EPA 300.0	2/7/2023 / 1543 / MEW
Turbidity	14.1	NTU	<10	SM2130B	2/8/2023 / 1020 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	2/7/2023 / 1640 / MEW
Iron	1.28	mg/L	0.3*	Hach 8146	2/8/2023 / 1050 / MEW
Bacteria, Coliform, Total, P/A	Present	Total Coliform	Absent	SM20 9223B	2/8/2023 / 0805 / MEW
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM20 9223B	2/8/2023 / 0805 / MEW

NOTES:

- 1 Report revised per client's request to add building permit number and well tag number 2/24/23 TSD
- 2 *SMCL = Secondary Maximum Contaminant Level
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 NTU = Nephelometric Turbidity Units
- 5 P/A= Presence or Absence of Coliform Bacteria
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND = None Detected; N/A: Not Available
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B21004013

Date Reported: 2/24/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 157277 Account #: 1045
Reference: Caruso Homes Client: Atlantic Blue Water Services
Location: 13980 Monticello Drive Requested By: Mark Mather
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 2/9/2023 1000 Site: Bathroom Sink
Date/Time Rec'd: 2/9/2023 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: E. Van Allen 1560EV Well #: HO-95-0328

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Chloride.	5.75	mg/L	250*	EPA 300.0	2/9/2023 / 2039 / TSD
Solids, Total Dissolved (by electrode)	170	mg/L	500*	Electrode	2/13/2023 / 1015 / TD/CS

NOTES:

- 1 Report revised per client's request to add Well Tag number 2/24/23 TSD
- 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 # : B21004013

Date Reported: 2/24/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 157278 Account #: 1045
Reference: Caruso Homes Client: Atlantic Blue Water Services
Location: 13980 Monticello Drive Requested By: Mark Mather
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 2/9/2023 1000 Site: Bathroom Sink
Date/Time Rec'd: 2/9/2023 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: E. Van Allen 1560EV Well #: HO-95-0328

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	12	mg/L	---	EPA 200.8	2/17/2023 / 1635 / MBC

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sample collected by client, analyzed as received
- 3 Sodium Detection Limit: 0.5 mg/L
- 4 ND = None Detected; N/A: Not Available
- 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 # : B-21004013

Date Reported: 2/23/2023

218123

Called S. Mayne
for copy of

completion report

HO-95-0328



Water Testing Labs of Maryland

1000 Butterworth Ct.
Thompson Creek Business Park
Stevensville, MD 21666
(410) 643-7711
sales@wtlmd.com

Atlantic Blue
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 2/24/2023
Report #: AE2302-07

Submitted Sample Address: 13980 Monticello Drive
Cokesville, MD 21723
Submitted Sample Source: Bathroom Sink
Date / Time Collected: 2/20/2023 04:00 PM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.3
Sampler/Company: Ned V Allen 1560EU, Atlantic Blue
Well Tag#: HO-95-0328

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate + Nitrite as N	8.9	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	<5 mg/L*	MD Well Reg.
Turbidity	1.1	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	0.17	mg/L	0.1	0.3	EPA Secondary MCL
Sodium	330	mg/L	5.0	N/A	---

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5).
- MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:

Atlantic Blue
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 2/24/2023
Report #: AB2302-12

Submitted Sample Address: 13980 Monticello Drive
Cookeville, MD
Submitted Sample Source: Bathroom Sink
Date / Time Collected: 2/22/2023 11:30 AM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Clear when drawn
Sampler/Company: Ned V Allan 1560EU, Atlantic Blue pH: 5.5
Well Tag#: HO-95-0328

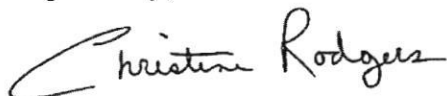
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
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Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:

