

C1 55780

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 VIII

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER FILM STREET DEVELOPMENT WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON SUBDIVISION SIMPSON / DENAULT SECTION LOT 4

WELL LOG Not required for driven wells

GROUTING RECORD yes no Y N

C3

PUMPING TEST

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

WELL HAS BEEN GROUDED (Circle Appropriate Box)

HOURS PUMPED (nearest hour) 4

DESCRIPTION (Use additional sheets if needed)

TYPE OF GROUDED MATERIAL (Circle one)

DRILL RIG BLOWING YIELD 156 P.M.

Table with columns: FEET FROM, FEET TO, check if water bearing. Rows include TAN MICACEOUS GROUND AND WEATHERING, SOFT TAN ROCK, GRAY MICACEOUS SCHIST, etc.

CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 750 GALLONS OF WATER 300 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

PUMPING RATE (gal. per min.) 8.5

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

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET SEAL IN TOP OF WELL TO STOP FLOW WATER LEVEL (distance from land surface) +3

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

BEFORE PUMPING 17 20 ft.

OTHER CASING (if used) diameter inch depth (feet) from to

WHEN PUMPING 22 25 ft.

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

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

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

SET PUMP 300 FT. OR LESS STOP PUMP INSTALLED

WELL HYDROFRACTURED yes no Y N

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 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 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

DRILLER INSTALLED PUMP (CIRCLE) (YES OR 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

E A C H S R C E E N

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

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.

SLOT SIZE 1 2 3

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

DRILLERS LIC. NO. MWD 576

DIAMETER OF SCREEN 6 (NEAREST INCH)

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

PUMP HORSE POWER 37 41

LIC. NO. MWD 594

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

PUMP COLUMN LENGTH (nearest ft.) 43 47

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 3 (nearest foot)

LATITUDE 3 9.227061 LONGITUDE 7 7.023397 (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.

TAG = 8/19/2020

|            |   |   |   |
|------------|---|---|---|
| <b>B 1</b> | SEQUENCE NO. (MDE USE ONLY)<br><b>54046</b> | <b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br><small>(please type)</small> | STATE PERMIT NUMBER<br><b>HO-18-0031</b><br><small>70 79</small><br><b>fill in this form completely</b> |
|------------|---|---|---|

**OWNER INFORMATION**

Date Received (APA) **050519**  
8 MM DD YY 13

**ELM STREET DEVELOPMENT**  
15 Last Name Owner First Name 34

**5704 DORSEY HALL ROAD**  
36 Street or RFD 55

**ELIZABETH CITY MD. 21042**  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

**HOWARD**  
8 COUNTY 21

**SIMPSON / DENAULT**  
23 SUBDIVISION 42

SECTION **44** 46 LOT **4** 48 50

**DAYTON**  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

**RANDALL L. ALEXANDER MWD 576**  
Driller's Name 76 License No. 81

**ALEXANDERS WELL DRILLING**  
Firm Name

**126 W. MAIN ST. P.O. BOX 443 FAIRFIELD, PA. 17320**  
Address

*Randall Alexander* **2-12-19**  
Signature Date

**SOURCES OF DRILLING WATER**

1. **WELL WATER**

2. \_\_\_\_\_

3. \_\_\_\_\_

**GREEN BRIDGE RD.**  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
APPROX **700** **1000**  
34 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: **27** BLK: \_\_\_\_\_ PARCEL **34-36 98**  
17-11

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**  
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** COUNTY NAME COUNTY NO. **21**

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

DATE ISSUED **04/22/2020**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **500** FEET  
24 28

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

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

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

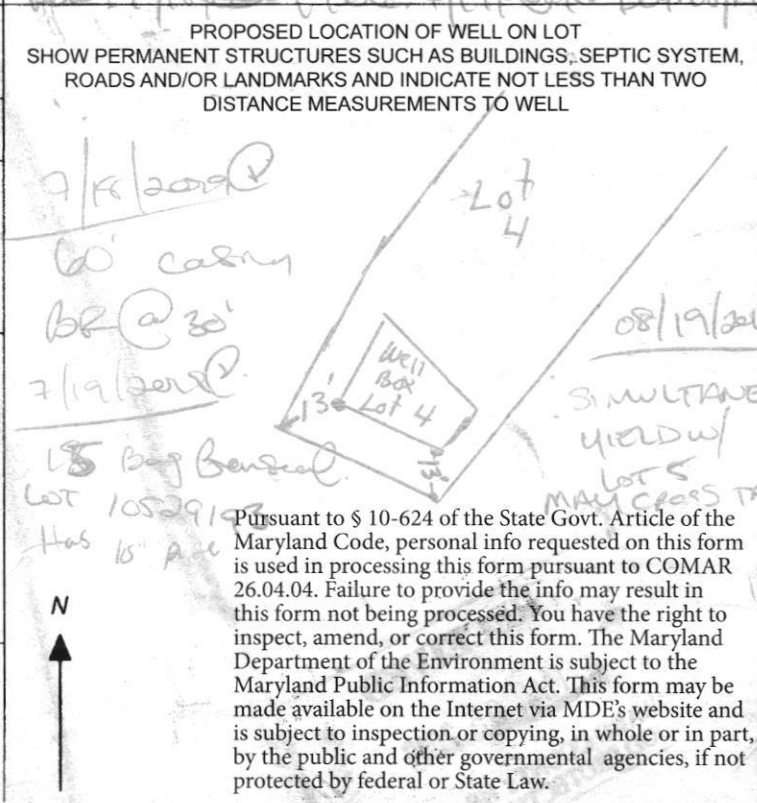
THIS WELL WILL DEEPEM AN EXISTING WELL

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 **HO2017G001**

PERMIT No. **HO-18-0031**  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**  
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **SEE ATTACHED MEMO**



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: Fogle's Well Pump & Water Treatment LLC Telephone #: 410-795-1535  
 Address: P.O. Box 03  
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 #: 4 Well Tag #: HO-18-0031 / 08/31/2022  
 Site Address: 6013 Bricker Road  
Dayton, MD 21036

### Submersible Pump Data

Make: Grundfos  
 Model #: ISSAG10-220  
 Pump Capacity: 15 gpm  
 Well Yield: 8.5 gpm  
 Depth of well encountered at time of pump installation: 400' (feet)

### Pitless Adapter

Make: Campbell +  
 Model #: N/A  
 GPM Depth: 310' (36" min)  
 GPM NSF/WSC approved: Yes

### Well Cap and Electric Conduit

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

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

### 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: Yes  
 Length of sleeve (5' minimum from foundation): 0'  
 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: 8/30/2022

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

Date Insp. Requested: 08/31/2022 Date Insp. Approved: 08/31/2022 Inspector: [Signature]

- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

36" 08/31/2022 [Signature]  
 30" 08/31/2022 [Signature]  
 29" 08/31/2022 [Signature]

(Revised form 10/24/2018)

HOSE 08/31/2022 [Signature]

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

**MEMORANDUM**

**TO: Alexander's Well Drilling**  
**Attn: Randall Alexander MWD 00576**  
126 W Main Street  
P.O. Box 443  
Fairfield, PA 17320

**FROM: Joseph Cabahug** *(Signature) 04/24/2019*  
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

**RE: Simpson and Denault Well Permit Special Conditions**

**DATE: 04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

**Note 15(d)** Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

**Page 3, Section 15:** 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 of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well 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 the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

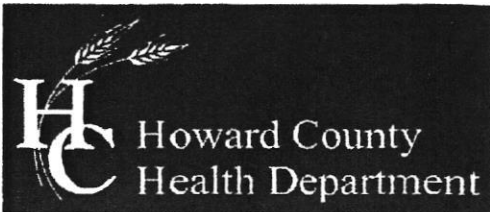
Maura J. Rossman, M.D., Health Officer

Lots that are less than one acre are shown below.

| MINIMUM LOT SIZE CHART |                  |            |                   |
|------------------------|------------------|------------|-------------------|
| LOT No.                | GROSS AREA (SF)  | PIPE STEM  | NET AREA          |
| 1                      | 54,825           |            | 54825             |
| 2                      | 59,641           |            | 59641             |
| 3                      | 55,018           |            | 55018             |
| 4                      | 41,925           |            | 41925             |
| 5                      | 40,840           |            | 40840             |
| 6                      | 55,788           |            | 55788             |
| 7                      | 55,833           |            | 55833             |
| 8                      | 45,774           |            | 45774             |
| 9                      | 42,992           |            | 42992             |
| 10                     | 44,020           |            | 44020             |
| 11                     | 42,068           |            | 42068             |
| 12                     | 40,362           |            | 40362             |
| 13                     | 41,330           |            | 41330             |
| 14                     | 56,648           | 6700       | 49948             |
| 15                     | 40,459           |            | 40459             |
| 16                     | 49,871           |            | 49871             |
| 17                     | 40,003           |            | 40003             |
| 18                     | 40,443           |            | 40443             |
| 19                     | 40,461           |            | 40461             |
| 20                     | 40,461           |            | 40461             |
| 21                     | 40,218           |            | 40218             |
| 22                     | 54,686           |            | 54686             |
| 23                     | 55,798           |            | 55798             |
| 24                     | 44,052           | 1375       | 42677             |
| 25                     | 41,612           | 2906       | 38706             |
| 26                     | 48,488           | 5322       | 43166             |
| 27                     | 46,396           |            | 46396             |
| 28                     | 40,768           |            | 40768             |
| 29                     | 44,270           |            | 44270             |
| 30                     | 44,589           |            | 44589             |
| 31                     | 46,366           |            | 46366             |
| 32                     | 49,299           |            | 49299             |
| 33                     | 47,918           |            | 47918             |
| 34                     | 52,931           |            | 52931             |
| 35                     | 54,827           | 2518       | 52309             |
| 36                     | 44,800           | 3617       | 41183             |
| 37                     | 55,035           | 4441       | 50595             |
| 38                     | 33,223           | 2913       | 30310             |
| 39                     | 31,227           |            | 31227             |
| 40                     | 35,865           |            | 35865             |
| 41                     | 40,100           |            | 40100             |
| 42                     | 34,182           |            | 34182             |
| 43                     | 41,390           |            | 41390             |
| 44                     | 41,360           |            | 41360             |
| 45                     | 45,097           |            | 45097             |
| <b>TOTAL AREA</b>      | <b>2,043,259</b> | <b>AC.</b> | <b>46.91 S.F.</b> |

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File



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

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:

Handwritten list of lot numbers: LOT #'S 1, 2, 3, 4, 5, 6, 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

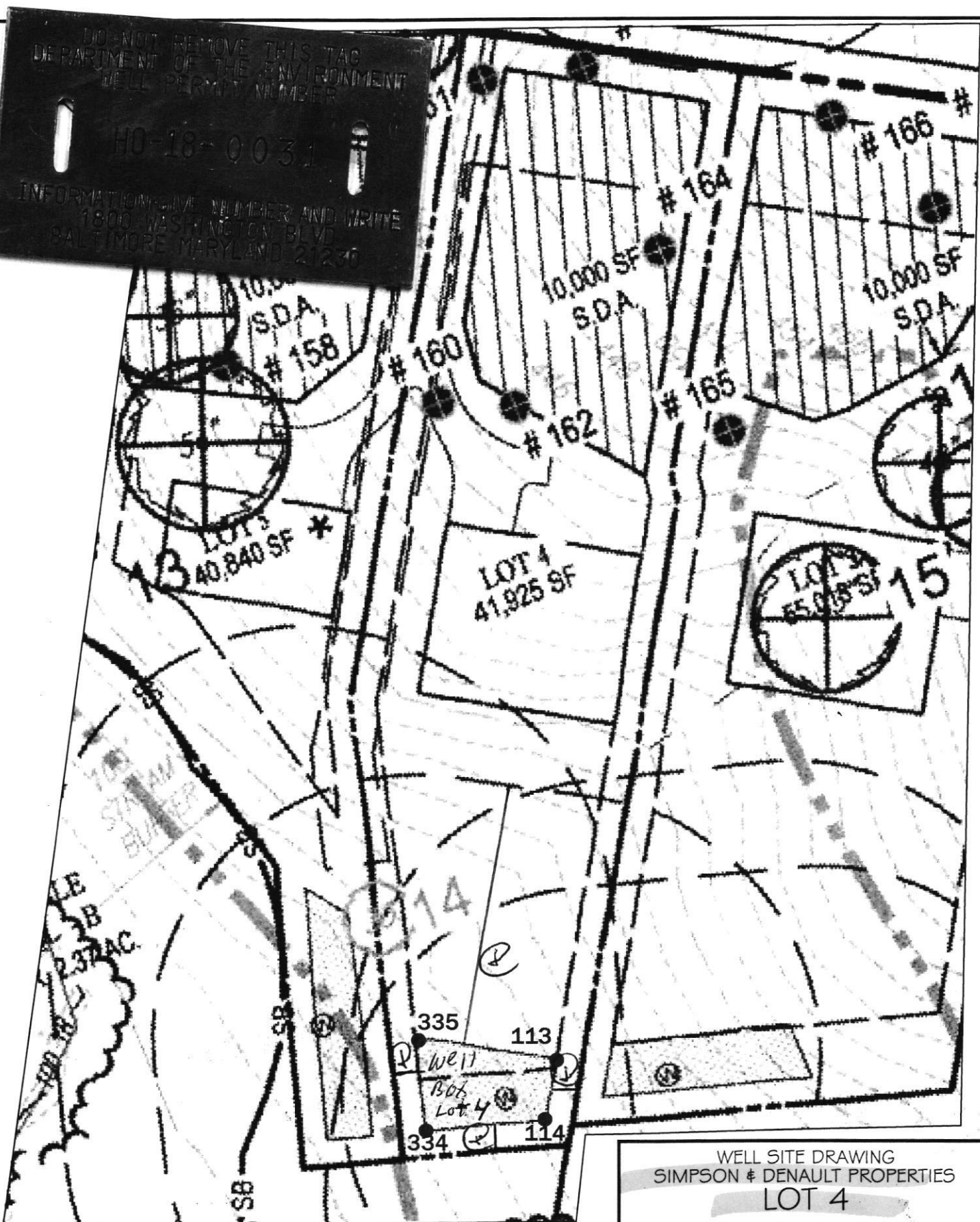
X The well site has been staked by SHANABERGER & LANE (professional land surveyor or company employing professional land surveyors) on 1/9/19 (date) and does not require a site inspection.

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.



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
 HO-18-003  
 INFORMATIONAL NUMBER AND PHONE  
 1-800-WAS-NETION-PAVE  
 BALTIMORE, MARYLAND 21220



Approved 4/18/2019  
 001997  
 Staked by  
 SHANABERGER  
 AND LANE

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 4  
 TAX MAP 27 GRID 18  
 PARCELS 34, 36, 98, 111, & 112  
 5TH ELECTION DIST.  
 HOWARD COUNTY, MD.  
 SCALE: 1"=50' DATE: 2/21/19



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

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – AUGUST 14, 2023

February 14, 2023

Homeowner  
6013 Bricker Road  
Dayton, MD 21036

**RE: Willowshire, Lot 4  
6013 Bricker Road  
Building Permit: B22000462  
Well Permit: HO-18-0031**

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 **11/30/2022**. Final approval of the well line connection to the dwelling was granted on **8/31/2022**. The well construction was completed on **8/19/2019**. Water samples were collected on **2/1/2023**.

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-18-0031. 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 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 #: 157099 Account #: 1933  
Reference: Willow Creek Lot 4 Client: Fogle's Well Pump & Treatment  
Location: 6013 Bricker Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 2/2/2023 1100 Site: Kitchen Sink Tap  
Date/Time Rec'd: 2/2/2023 1250 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.8  
Collected By: J. Evans 0309JE Well #: HO-18-0031

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST     |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 2/3/2023 / 0900 / TSD |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 2/3/2023 / 0900 / TSD |
| Nitrate.                       | <0.40   | mg/L        | 10        | EPA 300.0          | 2/2/2023 / 1502 / TSD |
| Turbidity                      | 0.44    | NTU         | <10       | SM2130B            | 2/2/2023 / 1600 / TSD |
| Sand                           | ND      | mg/L        | 5         | Visual/Gravimetric | 2/2/2023 / 1555 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 22000462

Date Reported: 2/3/2023



HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE: 3/17/19

WS

Received From

Abraham's will  
Orlery

PHONE # 77642-596

For

Well permits (21) Green  
Bridge Rd.

CASH

CHECK

NO.

20911 Three thousand three hundred sixty dollars

\$ 3300.00

Received By

J King