

ST/CO USE ONLY  
 DATE Received MM DD YY  
 DATE WELL COMPLETED MM DD YY  
 Depth of Well (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 8 13 15 20 26 28 29 30 31 32 33 34 35 36 37

OWNER  
 WELL SITE ADDRESS  
 SUBDIVISION SECTION LOT

**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	
Brown Shale	0	88	✓
Blue Rock	88	240	✓

water  
 62 ft  
 130 ft  
 205 ft

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 26 NO. OF POUNDS 4945  
 GALLONS OF WATER 156  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 98 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  
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 PL 6 99  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER  
**C 2** DEPTH (nearest ft.)  
 1 2  
 E 8 9 11 15 17 21  
 A  
 H 23 24 26 30 32 36  
 C  
 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.) 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 53 ft.  
 WHEN PUMPING 71 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 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 } LAND SURFACE  
 - below } 2 (nearest foot)  
 49 50 51

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M 5 D 027  
 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)

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 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.30923  
 LONGITUDE 77.08301  
 (DEFAULT COORD. WGS 84)  
 Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

**B 1** SEQUENCE NO. (MDE USE ONLY) 61297 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO - 70 - 0124

fill in this form completely

**1 2 3 6** Date Received (APA) \_\_\_\_\_

**8** MM **DD** **YY** **13**

**OWNER INFORMATION**

**15** Last Name Dusing **Owner** Thomas **34** First Name

**36** Street or RFD 19004 Bellabrooke Farm Way **55**

**57** Town Brookville Md **70** State MD **72** Zip 20833 **76**

**B 3** LOCATION OF WELL

**8** COUNTY Howard **21**

**23** SUBDIVISION \_\_\_\_\_ **42**

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

**52** NEAREST TOWN Woodbine MD, 21797 **71**

**DRILLER INFORMATION**

**Driller's Name** Larry Mays **MS D 027 **76** License No. **81****

**Firm Name** Mays Well Drilling LLC

**Address** 6501 Buffalo Rd. Mt Airy MD 21791

**Signature** Larry Mays **Date** 7-15-21

**B 4** SOURCES OF DRILLING WATER

**1.** well **11** STREET ADDRESS Duva 11 Road 2355 **30**

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

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

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

**34** 435 **37** DISTANCE FROM ROAD

ENTER FT OR MI **38** ft **39**

TAX MAP: 13 BLK: 446 PARCEL 246

**B 2** WELL INFORMATION

**1 2** APPROX. PUMPING RATE 5 **8** (GAL. PER MIN.) **12**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 **14** **20**

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

Howard COUNTY NAME XIID COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 08/20/2021 **43** MM **DD** **YY** **48** CO SIGNATURE [Signature] **EXP. DATE** 08/20/2027 **41**

**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

APPROXIMATE DEPTH OF WELL 300 FEET **24** **28**

APPROXIMATE DIAMETER OF WELL 6 INCH **NEAREST**

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  AIR-ROTary  AIR-PERcussion  JETTED  ROTARY (Hydraulic Rotary)  DRIVEN  DRIVE-POINT

**30** **37** other \_\_\_\_\_

**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

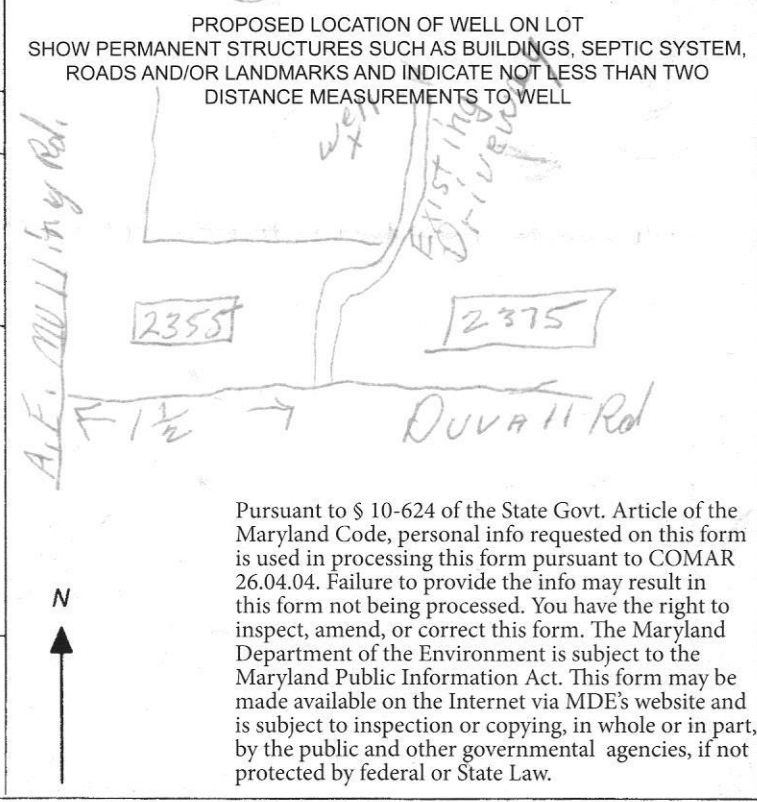
THIS WELL WILL DEEPEIN AN EXISTING WELL

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 - 70 - 0124 **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**



FIELD DATA SHEET  
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 20-0124  
 Location of property (road) Summit Rd, 2355  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block 246 Plat 246 Sec. \_\_\_\_\_  
 Well Driller Barry Mays MSD027 Owner Thomas Durigg

Depth of well 240  
 Distance of measuring point (M.P.) above ground 2  
 Static water level (S.W.L.) below H.P. 53

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 15  
 Total time 3 to reach pumping water level 71 ft. below H.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below H.P.	PUMPING RATE time to fill 41 gallon bucket	FLOW METER READING (if used)	CALCULATE (gallons minute)
7:30	53	4 sec		15
7:45	62	4 sec		15
8:00	71	4 sec		15
8:15	71	4 sec		15
8:30	71	4 sec		15
8:45	71	4 sec		15
9:00	71	4 sec		15
9:15	71	4 sec		15
9:30	71	4 sec		15
9:45	71	4 sec		15
10:00	71	4 sec		15
10:15	71	4 sec		15
10:30	71	4 sec		15
10:45	71	4 sec		15
11:00	71	4 sec		15

Pump well 220ft.

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 63  
 Woodbine, Maryland 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): Dave 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: Crosen Homes Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0124 ✓  
 Site Address: 2359 Duvall Rd ✓  
Woodbine, MD 21797 10/06/2022

**Submersible Pump Data**

Make: Grundfos  
 Model #: 155QED7-R80  
 Pump Capacity: 15  
 Well Yield: 15

**Pitless Adapter**

Make: Campbell  
 Model#: N/A  
 GPM Depth: 36" (36" min)  
 GPM NSF/WSC approved: yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 240 (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 N/A**

**Piping to house**

Type: 1" poly pipe  
 PSI: 200 psi (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): 6'  
 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: 10/16/2022

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

Date Insp. Requested: 10/06/2022 Date Insp. Approved: 10/06/2022 Inspector: \_\_\_\_\_  
 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

\_\_\_\_\_ 48" 10/06/2022 ✓  
 \_\_\_\_\_ 44" 10/06/2022 ✓  
 \_\_\_\_\_ 24" 10/06/2022 ✓

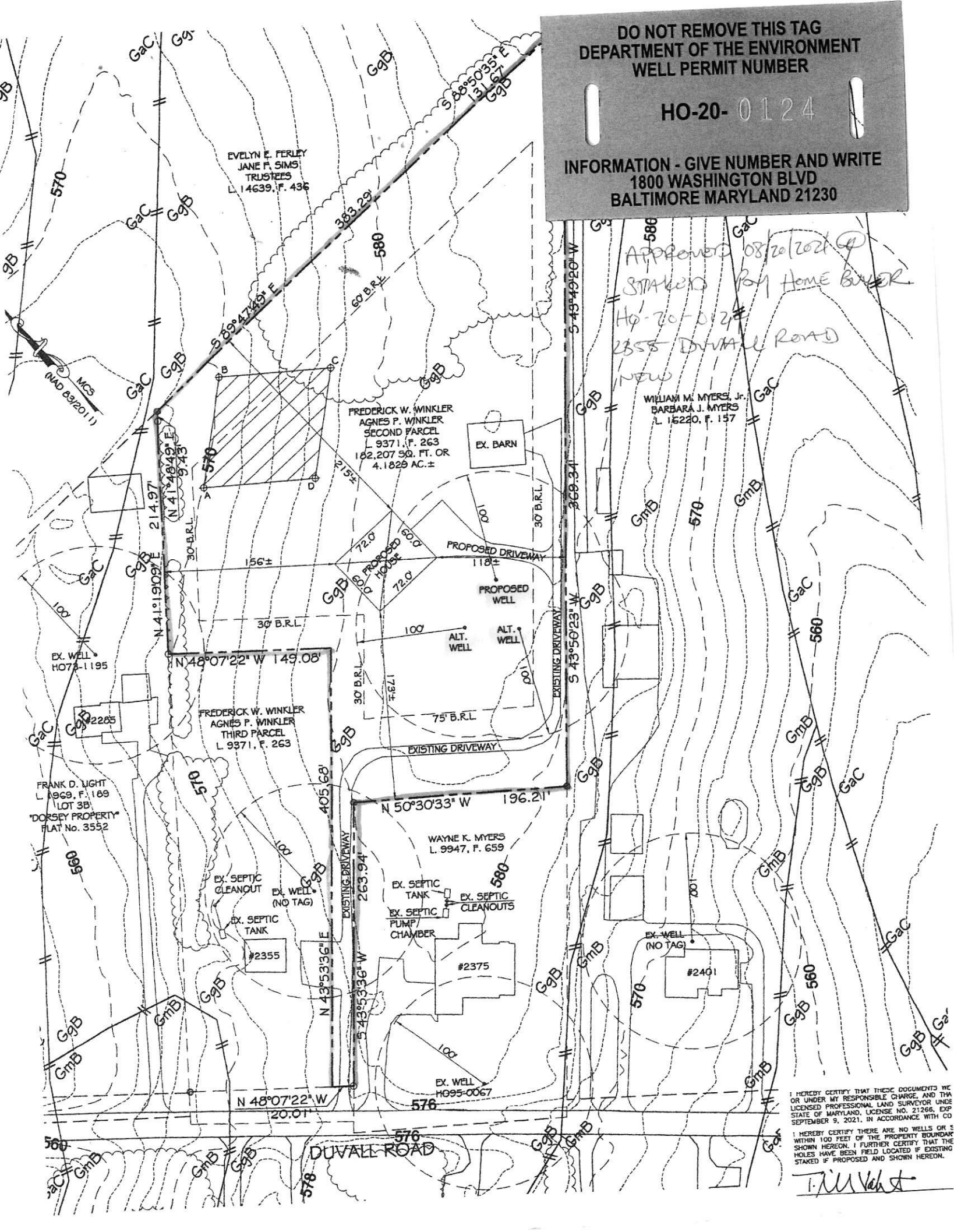
(Revised form 10/24/2018)



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

HO-20-0124

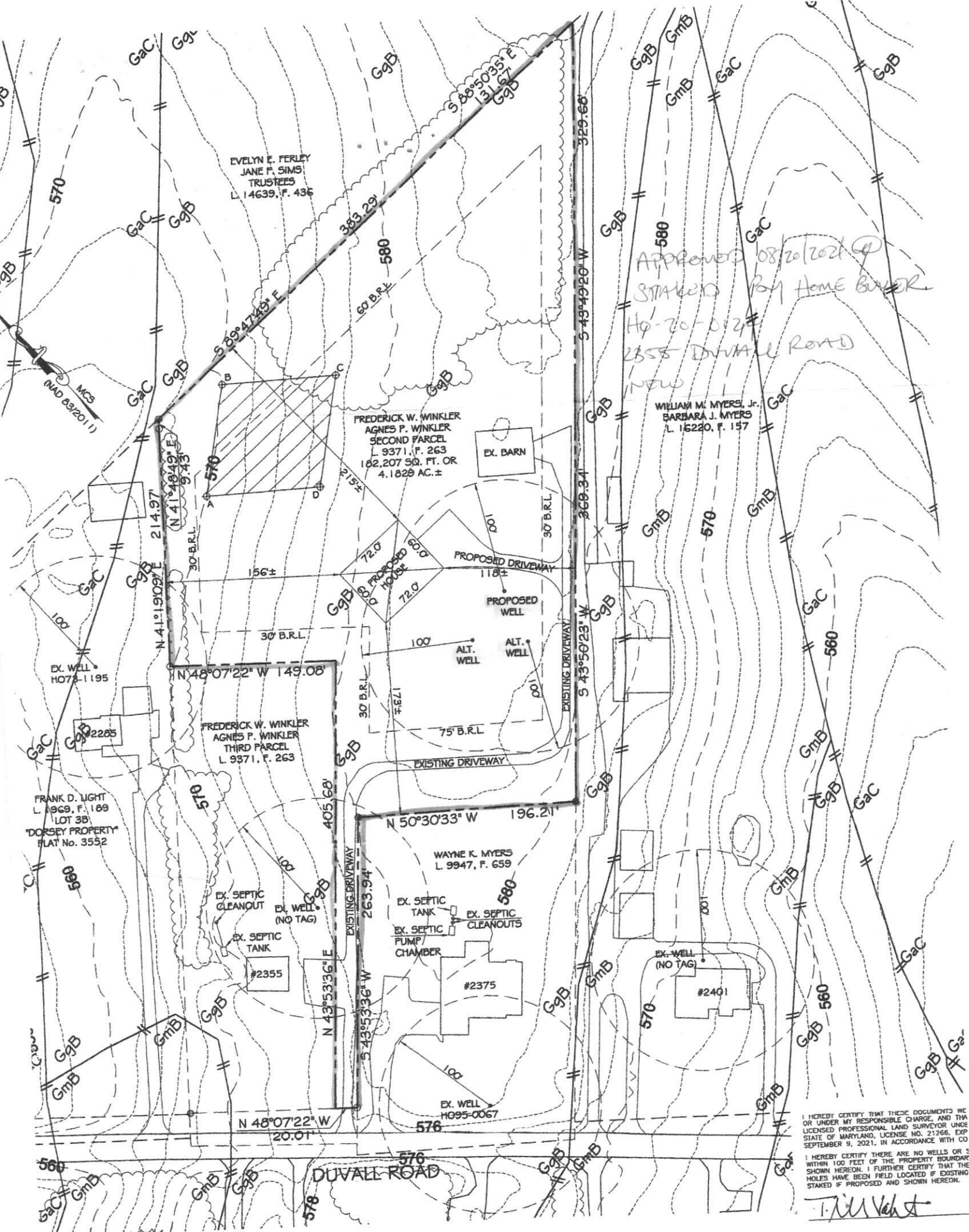
INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230



Approved 08/20/2021  
Staked by Home Buyer  
HO-20-0124  
2355 Duvall Road  
New

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE  
OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A  
LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE  
STATE OF MARYLAND, LICENSE NO. 21256, EXP. 9/30/2021.  
I HEREBY CERTIFY THERE ARE NO WELLS OR S  
WITHIN 100 FEET OF THE PROPERTY BOUNDARY  
SHOWN HEREON. I FURTHER CERTIFY THAT THE  
HOLES HAVE BEEN FIELD LOCATED IF EXISTING  
STAKED IF PROPOSED AND SHOWN HEREON.

T. M. Velt



EVELYN E. FERLEY  
JANE F. SIMS  
TRUSTEES  
L. 14639, F. 436

FREDERICK W. WINKLER  
AGNES P. WINKLER  
SECOND PARCEL  
L. 9371, F. 263  
182,207 SQ. FT. OR  
4.1829 AC. ±

FREDERICK W. WINKLER  
AGNES P. WINKLER  
THIRD PARCEL  
L. 9371, F. 263

WAYNE K. MYERS  
L. 9947, F. 659

WILLIAM M. MYERS, Jr.  
BARBARA J. MYERS  
L. 16220, F. 157

APPROVED 08/20/2021  
STAKED BY HOME BUYER  
HP-20-012  
2355 DUVALL ROAD  
NEW

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE STATE OF MARYLAND, LICENSE NO. 21266, EXP. DATE SEPTEMBER 9, 2021, IN ACCORDANCE WITH CODE REGULATIONS.

I HEREBY CERTIFY THERE ARE NO WELLS OR STRUCTURES WITHIN 100 FEET OF THE PROPERTY BOUNDARIES SHOWN HEREON. I FURTHER CERTIFY THAT THE HOLES HAVE BEEN FIELD LOCATED IF EXISTING AND STAKED IF PROPOSED AND SHOWN HEREON.

T. M. Velt

## Cabahug, Joseph

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**From:** Chris Durigg <cdurigg@comcast.net>  
**Sent:** Wednesday, August 18, 2021 6:01 PM  
**To:** Cabahug, Joseph  
**Subject:** 2355 Duvall Road

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Joseph,

I went out to the property tonight. The spots are marked with orange paint with the corresponding stake laying next to the marks.

I hope this is satisfactory for your review.

Thank you

Thomas Durigg









Sent from my iPhone

On Aug 12, 2021, at 1:52 PM, Cabahug, Joseph <jcabahug@howardcountymd.gov> wrote:

Hello,

I am out of the office on Tuesday August 10th, 2021. I will return on Monday August 13th, 2021.

Please reach out to our office at (410) 313 - 1771 and they will be able to assist you further.

Thank you for your understanding!  
Joseph

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

**INTERIM CERTIFICATE OF POTABILITY**  
**[PERMANENT DEVIATION FOR NITRATES]**

Expiration Date – *SEPTEMBER 6, 2023*

*March 6, 2023*

Homeowner  
2359 Duvall Road  
Woodbine, MD 21797

**RE: Winkler Property, P. 297**  
2359 Duvall Rd  
**Building Permit: B22000580**  
**Well Permit: HO-20-0124**

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 **11/3/2022**. Final approval of the well line connection to the dwelling was granted on 10/6/2022. The well construction was completed on **9/20/2021**. Water samples were collected on **2/16/2023, 3/2/2023**.

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.

The untreated water sample collected on **2/16/2023** indicated a nitrate level of **10.8 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (Whole House Nitrate Unit), a post-treatment water sample was collected on **3/2/2023** and indicated a nitrate level of **<.40 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**



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

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-20-0124. 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 quality 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>

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 horizontal line.

Kevin M Wolf, L.E.H.S., R.E.H.S./RS, 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 #:	157726	Account #:	3537
Reference:	Crosen Homes	Client:	R & G Water Systems
Location:	2359 Duvall Road Woodbine, MD 21797	Requested By:	Ricky Roos
Date/ Time Collected:	3/2/2023 1525	Source:	Well Water
Date/Time Rec'd:	3/2/2023 1620	Site:	Laundry Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	Whole House Nitrate Unit ✓
Collected By:	J. Hildebrand	pH:	5.2
		Well #:	HO-20-0124

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate.	<0.40 ✓	mg/L	10	EPA 300.0	3/3/2023 / 0110 / TSD

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND = None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Client's Information

Date Reported: 3/3/2023

### Certificate of Analysis

Work order: **FXB0383**

**Client:**  
Crosen Homes  
3785 Shady Lane  
Glenwood, MD 21738-

**Project:** 2359 Duvall Road  
1st Sample

**Received at lab:** 2/16/23 12:45

**Reported:** 2/21/23 13:35

**Sample Site:** Residence  
**Sample Address:** 2359 Duvall Road  
Woodbine, MD 21797

PWSID:  
Treatment: N/A  
Collected by: Ronald Demory, ID: 8072RD  
Well Tag: HO-20-0124

#### Pressure Tank

FXB0383-01 (Drinking Water)(Grab)

Date Collected: 02/16/23 09:25

#### Field Results

	Result	Units
Temperature	14.5	deg. C
pH	6.8	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

#### Microbiology

	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
Bacteria - Total Coliform	<1	cfu/100ml	1	1	2/16/23 13:29	2/17/23 9:18	JD		9223B
Bacteria - E coli	<1	cfu/100ml	1	1	2/16/23 13:29	2/17/23 9:18	JD		9223B

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic

	Result	Units	MRL	MCL	Date Analyzed	Analyst	Qual	Method
Nitrate	10.8	mg/L	0.40	10	2/17/23 17:24	SH		300.0
Sand	<2.00	mg/L	2.00	5	2/17/23 14:48	JD		0.065mmFilter
Turbidity	0.44	NTUs	0.10	9.99	2/16/23 15:39	SH		180.1

#### Notes and Definitions

##### Item Definition

ND Analyte NOT DETECTED at or above the reporting limit.

*Sara E. Randall*  
Sara E. Randall, President

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
Maryland Cert. No. 116 Virginia Cert. No. 00444  
MDOT WBE Cert. No.: 91-158

# Chain of Custody

Fredericktowne Labs, Inc  
3020 Ventrie Court  
Myersville, MD 21773  
(301) 293-3340

**FXB0383**

**Client:** Crosen Homes  
**Project:** 2359 Duvall Road  
**Project Manager:** Brad Paradise

**Sampling Site:** Residence  
2359 Duvall Road  
Woodbine, MD 21797

**Sampling Date:** 2/16/2023  
**Collected by:** *Ronald E. Conroy*

FXB0383-01					
Source: Pressure Tank	Date	Time	Ph	Cl	Temp
Matrix: Drinking Water Type: Grab	2-16-23	9:25	6.8	40.1	14.5
Composite Begin:					
<b>Containers:</b>					
FXB0383-01-A Plastic - 100ml Na2S2O3 Bacteria - Colilert 200 18 Hr					
FXB0383-01-B Plastic - 250ml unsp Nitrate Turbidity					
FXB0383-01-C Plastic - 1000ml unsp Sand					
<b>Field Observations:</b>			<b>Treatment:</b>		

**Work Comments:**

HCHD U & O  
POC Mike 443-324-4775

Well Tag # HO-20-0124  
Permit # B22000580

Door should be unlocked, someone should be there working on property

**Iced:**  Yes  No      **Temp:** 5.4

Relinquished By: *Ronald E. Conroy*      Date/Time: 2-16-23 12:45  
 Relinquished By: \_\_\_\_\_      Date/Time: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_      Date/Time: \_\_\_\_\_

Received By: *Carolina Elu*      Date: 2/16/23 12:45  
 Received By: \_\_\_\_\_      Date: \_\_\_\_\_  
 Received By: \_\_\_\_\_      Date: \_\_\_\_\_