

C 1 57215

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)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY

22 500 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 6 NO. OF POUNDS 300 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 16 ft. WHEN PUMPING 345 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brn Clay + Sand, Weathered Rock, Gray Rock, Brn Rock, Gray Rock, H2O @ 430'.

CASING RECORD

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

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED [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 SD 106 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)

DEPTH (nearest ft.)

Table for depth with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes slot size and diameter of screen.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below LAND SURFACE (nearest foot) 50 51

LATITUDE 39.189635 LONGITUDE 76.935502 (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
62075

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
506059 please type

STATE PERMIT NUMBER
HO-17-0380
fill in this form completely

1 2 3 6
Date Received (APA) 11/02/18
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Clarksville Crossing 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Highland 71

DRILLER INFORMATION
Driller's Name M S D 106
Firm Name Allied Well Drilling
Address 10 Box 129 Annapolis Junction MD 20720
Signature Date 11/01/18

B 4 SOURCES OF DRILLING WATER
1. Public
2.
3.

Clarksville Pike
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 55 37 DISTANCE FROM ROAD 54
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 0-23 PARCEL 301

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 10
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

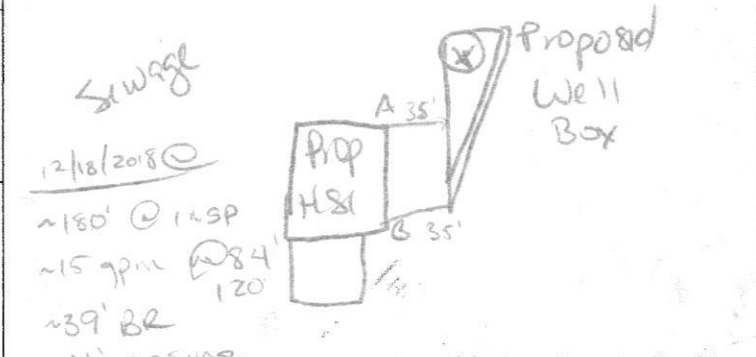
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 12/17/18 CO SIGNATURE EXP. DATE 12/17/19
DON: 12/18/2018

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 400 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No. HO-17-0380

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
SEE 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: PO Box 63
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: Williamsburg Group Telephone #: 410 977 3345
 Subdivision: CLARKSVILLE CROSSING Lbt #: 1 Well Tag #: HO-17-0380
 Site Address: 6505 Old Hill Top Rd
Highland, MD 20777 ✓ 04/22/2022

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell +</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1050E10-290</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>10</u>	GPM Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u>	GPM NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>500 (feet)</u>		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Must circle one: Torque wrenches / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adaptor or other acceptable method inside of well casing NA

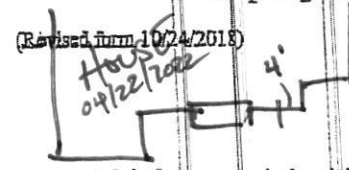
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (150 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>6' YES</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

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

Signature of company representative responsible for installation: [Signature] Date: 4/22/2022

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

Date Insp. Requested: <u>04/22/2022</u>	Date Insp. Approved: <u>04/22/2022</u>	Inspector: <u>[Signature]</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u> 48" 04/22/2022 <u>[Signature]</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u> 35" 04/22/2022 <u>[Signature]</u>
	Safety rope not outside of well cap/casing	<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>✓</u> 32" 04/22/2022 <u>[Signature]</u>
	Water supply line sleeved adequately at house connection	<u>✓</u>
	Adequate grout observed below pitless adapter	<u>✓</u>



04/22/2022
 PL CAP CHANGED TO METAL CAP W/ STEEL CASING OD COMPATIBILITY [Signature]

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

MEMORANDUM

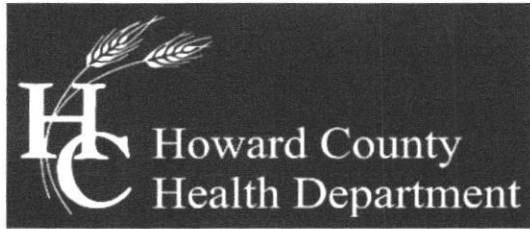
TO: Allied Well Drilling
Attn: Marshal E. Arnette MSD106
PO Box 129
Annapolis Junction, MD 21701

FROM: **Joseph Cabahug**
Licensed Environmental Health Specialist **001997** *Ⓢ 12/17/2018*
Howard County Health Department
Well & Septic Program

RE: Clarksville Crossing Subdivision – Well Permit Special Conditions

DATE: December 14th, 2018

- **Lots 1 – 4** are within the Baltimore Gneiss formation and will require **Radium Samples** to be collected during the yield test.
- If well on **Lot 4** is drilled prior to the razing of the nearby barn, the initial well site location to be drilled is to be the farthest from the existing barn and the existing access road. In the event that the initial well location is a dry hole, the well box must be changed such that any subsequent well drilled in the box will meet set current setbacks to existing structures (which will require a revised Percolation Certification) or the existing barn must be demolished prior to drilling in another location within the existing well box.



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:

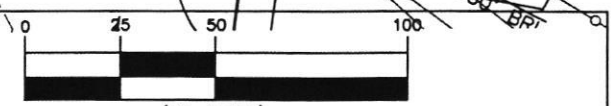
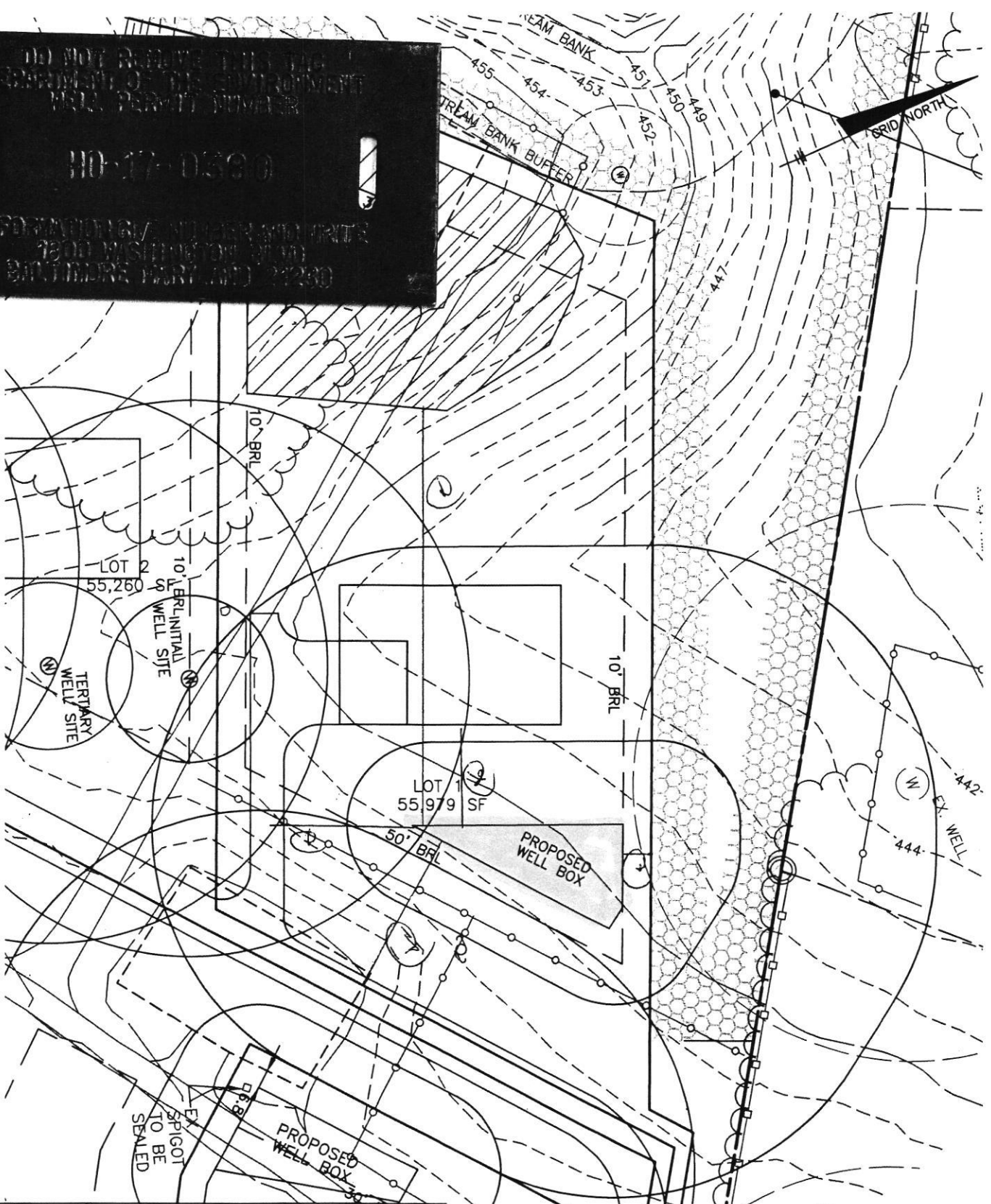
Well Site Location:

Clarks with Crossing H4 Clarks with Pike
Subdivision/Property Name Lot # Road Name

The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 11/12/18 (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.



(IN FEET)
1 inch = 50 ft.

APPROVED 12/17/2018 *Je* 001997
 STAKED BY BENCH MARK
 HO-17-0381



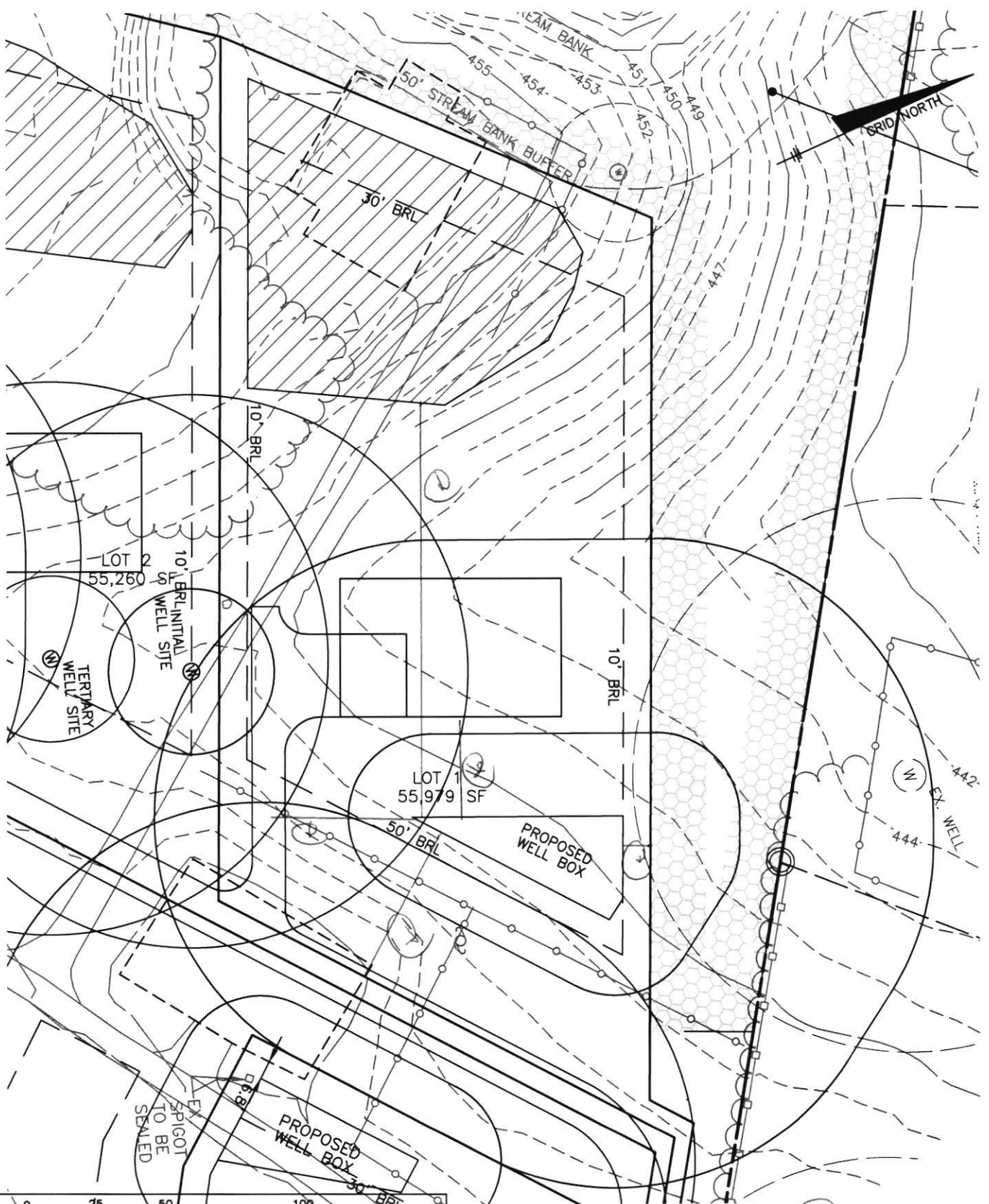
BENCHMARK
 ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELLICOTT CITY, MARYLAND 21143
 (P) 410-485-8105 (F) 410-485-8644

WWW.BE-CIVILENGINEERING.COM

CLARKSVILLE CROSSING
 LOT 1 (WELL EXHIBIT)

DATE: DECEMBER, 2018
 SCALE: 1" = 50'



APPROVED 12/17/2018 *(Signature)* 001997
 STAKED BY BENCH MARK
 HO-17-0381

CLARKSVILLE CROSSING

LOT 1 (WELL EXHIBIT)

DATE: DECEMBER, 2018
 SCALE: 1" = 50'



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE SUITE 315 ELLICOTT CITY, MARYLAND 21043
 (P) 410-485-8105 (F) 410-485-8644
 WWW.BEI-CIVILENGINEERING.COM

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

MEMORANDUM

TO: Allied Well Drilling
Attn: Marshall Arnett (MSD 106)

FROM: Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor
Groundwater Mgmt. Sec.
Well & Septic Program

DATE: November 19, 2018

RE: **Clarksville Crossing Lots 1-4 – Well Permits**

The above referenced well permit applications submitted for review has been placed on hold. The following comments need to be addressed on the applications. Please review and resubmit as needed.

- The owner information section has not been filled out. Please complete this section as indicated on the green application form
- The tax map, block, parcel section has not been filled in. Please complete this section as indicated on the green application form
- You have indicated the street address on which the wells are to be drilled but you did not indicate on which side of the road (circle appropriate box) and distance from road section. Please complete this section as indicated on the green application form
- The proposed location of the well on lot section has not been completed as indicated. You must show the proposed well location and not less than two distance measurements to the well. Please complete this section as indicated on the green application form
- The “re-submitted” well exhibits from Benchmark engineering do not have the house locations on them. Please resubmit the well exhibits that match the approved Percolation Certification plan.
- Must have the “well staked certification” form from the surveyor.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2645 or email kwolf@howardcountymd.gov.

KMW

file

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – March 14, 2023

September 14, 2022

Homeowner
6505 Old Hilltop Court
Clarksville, MD 21029

RE: Clarksville Crossing, Lot 1
6505 Old Hilltop Court
Building Permit: B21003898
Well Permit: HO-17-0380

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 **9/12/2022**. Final approval of the well line connection to the dwelling was granted on **4/22/2022**. The well construction was completed on **5/7/2019**. Water samples were collected on **7/12/2022**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Radium samples were also collected on **7/12/2022**. Results showed a Radium 226 level of **3.1 ± 0.0 pCi/L** and a Radium 228 level of **4.2 ± 0.0 pCi/L**. **This exceeds the maximum contaminant level (MCL) combined Radium 226 and 228 of 5.0 pCi/L.**

After installation of a radionuclide removal device (water softener), post-treatment water samples were collected on **8/5/2022** and indicated a combined Radium 226/228 level of **<1.1 pCi/L** which is below the MCL of 5 pCi/L.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

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 radionuclide analysis perform a yearly radionuclide analysis.

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

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 26.04.04.12F *Enforcement and Environment Article 9-1311, Annotated Code of Maryland.***

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-17-0380. 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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, November 07, 2018 4:40 PM
To: Andy Capelle
Cc: Donna Perez (dperez@alliedwells.com)
Subject: Clarksville Crossing

Andy/Donna,

The well permit applications do not have the owner information filled out and also the tax map/grid/parcel info is missing. The well site forms do not look complete. They must match the approved percolation certification (PC) plan. I am assuming the engineer is Benchmark? I would go back to the engineer and get new well exhibits for each lot that matches the approved PC.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



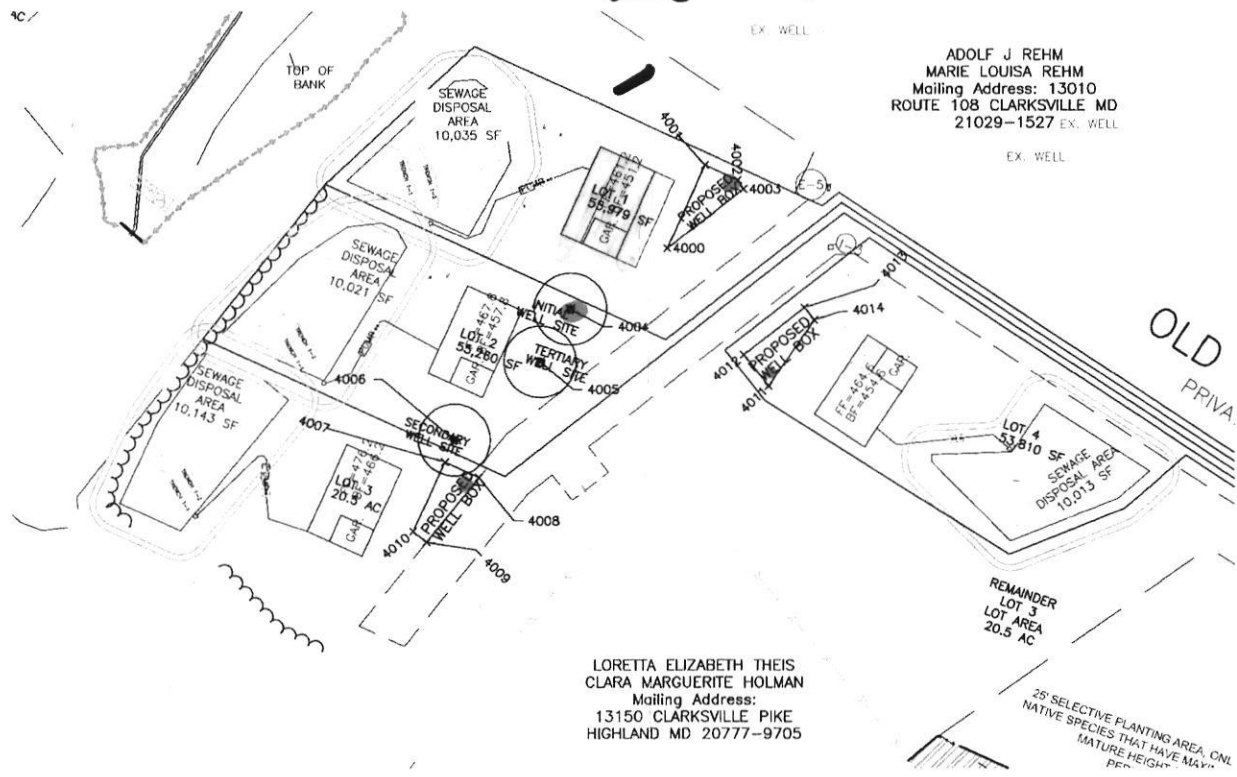
kwolf@howardcountymd.gov

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● = Start drilling in this area of well box to start.

Lot #1



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 153193 Account #: 1933
Reference: Clarksville Crossing Lot 1 Client: Fogle's Well Pump & Treatment
Location: 6505 Old Hill Top Court Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/12/2022 0800 Site: Pressure Tank
Date/Time Rec'd: 7/12/2022 1254 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: J. Evans 0309JE Well #: HO-17-0380

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/13/2022 / 0830 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/13/2022 / 0830 / TSD
Nitrate.	<0.40	mg/L	10	EPA 300.0	7/12/2022 / 1908 / CRS
Turbidity	0.91	NTU	<10	SM2130B	7/13/2022 / 0830 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/12/2022 / 1440 / 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; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B210002898

Date Reported: 7/13/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 153194 Account #: 1933
Reference: Clarksville Crossing Lot 1 Client: Fogle's Well Pump & Treatment
Location: 6505 Old Hill Top Court Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/12/2022 0800 Site: Pressure Tank
Date/Time Rec'd: 7/12/2022 1254 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: J. Evans 0309JE Well #: HO-17-0380

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	3.1	pCi/L	****	903.0	7/22/2022 / 0704 / MJN
Radium-228	4.2	pCi/L	****	Ra-05	7/21/2022 / 0939 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.5 pCi/L
- Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received
- Sub-contracted to Reference Lab #278
- ND = None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B210002898

Date Reported: 7/22/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 153735 Account #: 1933
Reference: Clarksville Crossing Lot 1 Client: Fogle's Well Pump & Treatment
Location: 6505 Old Hill Top Court Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/5/2022 0930 Site: Pressure Tank
Date/Time Rec'd: 8/5/2022 1050 Treatment: Prior to Softener
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: J. Evans 0309JE Well #: HO-17-0380

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.5	pCi/L	****	903.0	8/19/2022 / 1058 / MJN
Radium-228	<0.6	pCi/L	****	Ra-05	8/18/2022 / 1142 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.2 pCi/L
- Radium 228 Detection Limit: 0.6 pCi/L; Radium 228 Error: +/- 0.4 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received
- Sub-contracted to Reference Lab #278
- ND = None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B210002898

Date Reported: 8/25/2022