

B 1 9306
1 2 3 4

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

535974 please type

STATE PERMIT NUMBER

Ho - 95 - 2202
70 fill in this form completely 79

Date Received (APA)

09 13 11
8 MM DD YY 13

OWNER INFORMATION 12006

Nichols Brothers Construction

15 Last Name Owner First Name 34

8161 Maple Lawn Blvd, Suite 420

36 Street or RFD 55

Fulton Md 20759

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd, MT. Airy, Md. 21771

Address

Signature Date 9/3/2011

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A 530280
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 9/28/11
43 MM DD YY 48 CO SIGNATURE EXP. DATE 7/28/12

NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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)

- 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 DEEPEMED 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. Ho - 95 - 2202
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Well must be GPS'd.

B 3

LOCATION OF WELL

Howard

CD# 21

8 COUNTY

Studdard Property

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

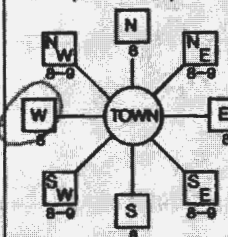
Dayton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1
73 76 77 78

B 4

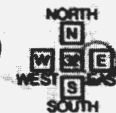
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Howard Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 200+37
DISTANCE FROM ROAD Ft

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

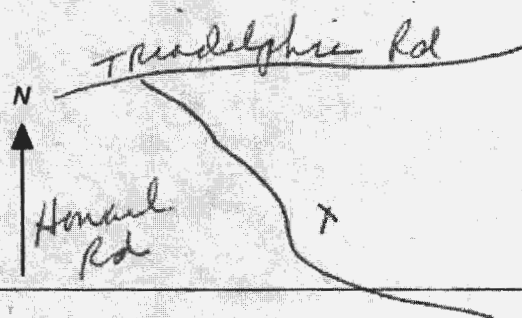
1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E N/A

N N/A

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 13 F 1



Yield Test Data Sheet

County File #: _____
District _____

MD Well Permit #: H0-95-2202

Date of Test: 10-11-11

Subdivision Name: STANDARD Prof

Section _____ Lot # 2

Street Address: Howard Rd

Measuring Point (MP) Description: _____
(for ex. "Top of casing")

Distance from MP to ground surface _____ ft.

Well Depth 400 ft. 4 gpm

Well Driller: Easterday

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time	Static Water level <u>19</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.	<u>13.33 Sec</u>	<u>45</u>

Water level and pumping rate must be recorded every 15 minutes			
		Pump Set	
1	9:00	309 ft.	380 5 GPM
2	9:15	310 ft.	380 5 GPM
3	9:30	311 ft.	380 4.5 GPM
4	9:45	311 ft.	380 4.5 GPM
5	10:00	311 ft.	380 4.5 GPM
6	10:15	310 ft.	380 4.5 GPM
7	10:30	310 ft.	380 4.5 GPM
8	10:45	310 ft.	380 4.5 GPM
9	11:00	310 ft.	380 4.5 GPM
10	11:15	310 ft.	380 4.5 GPM
11	11:30	310 ft.	380 4.5 GPM
12	11:45	310 ft.	380 4.5 GPM
13	12:00	310 ft.	380 4.5 GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:
pump tested by
Jerry Henning



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

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: GYC Group Telephone #: 410 977 3593
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2202 ✓ 10/18/2022
 Site Address: 14128 Howard Rd
Dayton, MD 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>1550E10-220</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>4.5</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>400</u> (feet)		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

<u>Piping to house</u>	<u>House Connection</u>
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	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.

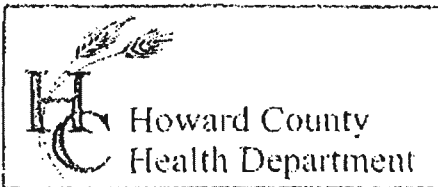
Signature of company representative responsible for installation: [Signature] Date: 10/17/2022

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

Date Insp. Requested: 10/18/2022 Date Insp. Approved: 10/18/2022 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

✓ 46" 10/18/2022
 ✓ 46" 10/18/2022
 ✓ 25" 10/18/2022

(Revised form 0/24/2018)
House
10/18/2022
1.5'



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

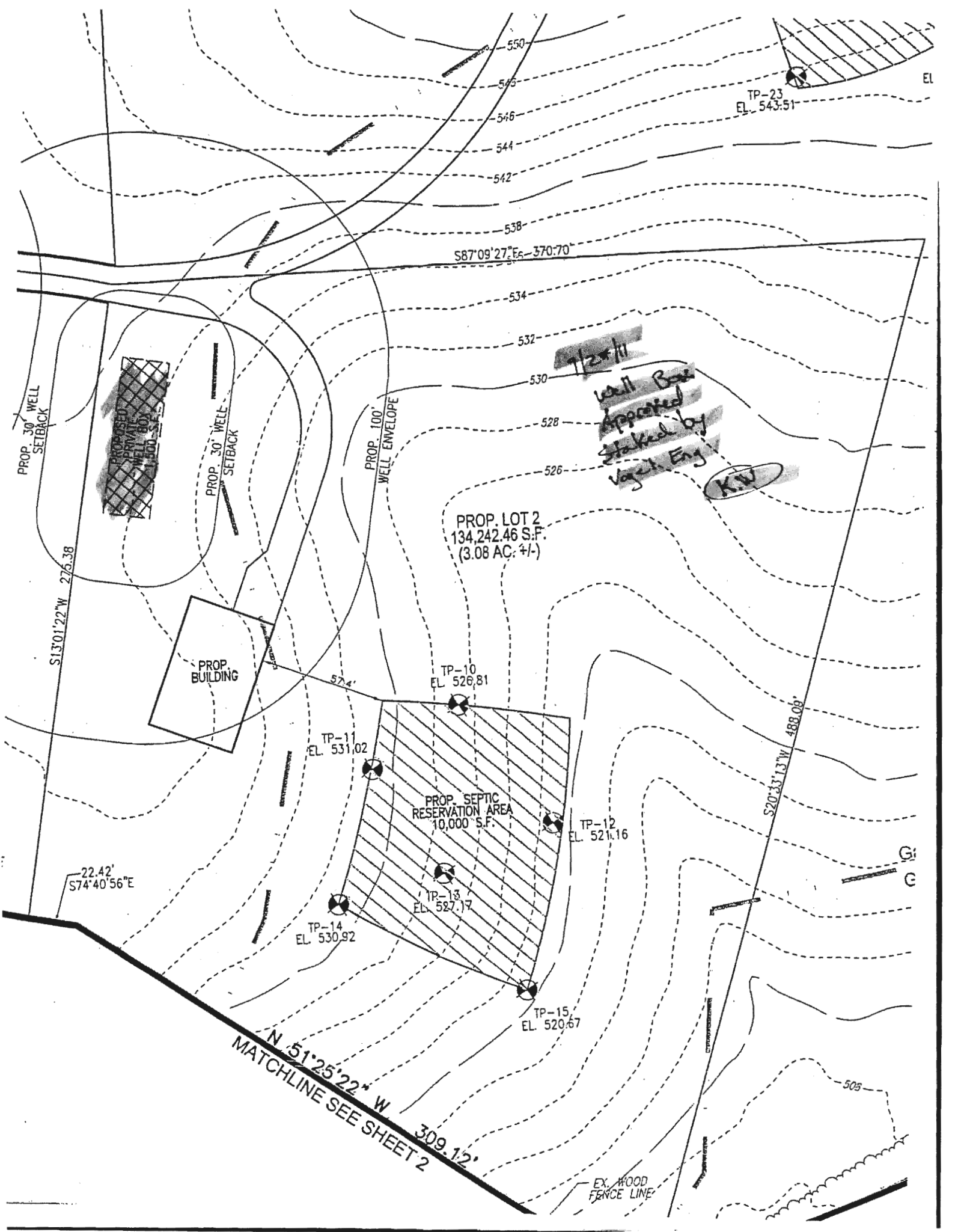
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Robert H. Vogel Eng.,
(professional land surveyor or company employing professional land surveyors)
on 9-2-11 (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.

Revised 6/10/03

LOT 2 STANDARD PROP



TP-23
EL. 543.51

S87°09'27"E - 370.70'

S13°01'22"W - 275.38'

PROP. LOT 2
134,242.46 S.F.
(3.08 AC. +/-)

PROP. SEPTIC RESERVATION AREA
10,000 S.F.

TP-10
EL. 526.81

TP-11
EL. 531.02

TP-12
EL. 521.16

TP-13
EL. 527.17

TP-14
EL. 530.92

TP-15
EL. 520.67

N 51°25'22" W 309.12'
MATCHLINE SEE SHEET 2

*Well Base
Approved by
Veget. Eng.*

KV

EX. WOOD FENCE LINE

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 19, 2024

July 19, 2023

Homeowner
14128 Howard Road
Dayton, MD 21034

RE: Studdard Property, Lot 2
14128 Howard Rd
Building Permit: B21004007
Well Permit: HO-95-2202

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 **5/15/2023**. Final approval of the well line connection to the dwelling was granted on **10/18/2022**. The well construction was completed on **10/10/2011**. Water samples were collected on **5/31/2023, 6/30/2023, 7/3/2023**.

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-95-2202. 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



Water Testing Labs of Maryland

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

Gyc Group Llc.
611 Nursery Road
Westminster, Md 21157
Attn: Marvin

Reporting Date: 6/5/2023
Report #: M11541

Submitted Sample Address: 14128 Howard Road, Dayton, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 5/31/2023 11:15 AM
Sample Type: Drinking Water
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.5
Well Tag #: HO-95-2202

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	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 + Nitrites as N	5.5	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	100.2	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	9.9	mg/L	0.1	0.3	EPA Secondary MCL

Notes:

- Bacteriological analysis of this sample indicates this water is unsafe 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: _____

HOME LAND

L A B S

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite 12
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 07/05/2023

Hague Quality Water
814 E College Pkwy
Annapolis, MD 21409

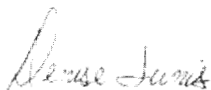
Date and time received: 07/03/2023 11:02

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992. Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample Number: 241413-01 Sample Time: 07/03/2023 10:20 Field Preservation: Ice
Location: 14128 Howard Road Field Chlorine: 0.00 Sampler: Brian Edwards - 7613BE
Dayton, MD 21034 Field pH: 6.50 Sample Point: Bac-Pressure Tank,
Turbidity/Iron-Sample Port Post UV

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	07/04/2023	DJ - 365
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	07/04/2023	DJ - 365
Iron, Total	H 8008	Not Detected	Acceptable	0.05	mg/L	0.30	07/03/2023	AD - 365
Turbidity	EPA 180.1	0.5	Pass	0.5	NTU	10.0	07/03/2023	MR - 106

Approved By:



Denise Junis, Lab Director

HOME LAND LABS



241413 Due Date: 01/05/2025
Client: Hague Qual

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505 108 Old Solomons Island Road, Ste L2 3430 Rockefeller Court 2216 Commerce Road, Ste 2
Towson, MD 21286 Annapolis, MD 21401 Waldorf, MD 20602 Forest Hill, MD 21050
MD Lab # 365 MD Lab # 106 MD Lab # 139

Please provide completed form with samples. Highlighted fields are required.

Client Name: Hague Quality Water of Maryland, Inc.	Property Address: 14123 Howard Rd
Email Address: testing@haguewaterofmd.com	Daylor MD 21038
Phone Number: 410-757-2992	

Field Collection Information

Sampler Name: Brian Edwards	Field pH: 7.5
Sampler ID #: 76935	Field Chlorine (mg/L): 0
Date Sampled: 7/3/23	Time Sampled: 10:20am
Well Tag Number:	Sand: No
	Clarity: Clear
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point: Bacteria - Pressure Tank		Water Conditioning: Neut. Softened UV	
Turbidity & Iron - sample port per UV			

Requested Testing: (Please check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity) | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input checked="" type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Iron | | |
| <input checked="" type="checkbox"/> Turbidity | | |

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: [Signature] Date/Time: 7/3/23 11:02

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 7/3/23 11:02 AM

HOME LAND

L A B S

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite 12
Annapolis, MD 21401
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State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 07/03/2023

Hague Quality Water
814 E College Pkwy
Annapolis, MD 21409

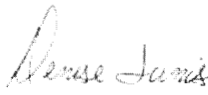
Date and time received: 06/30/2023 11:44

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992. Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample Number: 241192-01 Sample Time: 06/29/2023 15:00 Field Preservation: Ice
Location: 14128 Howard Rd Dayton, MD 21036 Field Chlorine: 0.00 Sampler: Timothy Stevenson - 1197TS
Field pH: 6.50 Sample Point: Bacteria-Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Iron, Total	H 8008	0.48	High	0.05	mg/L	0.30	06/30/2023	D J - 365
Bacteria-Total Coliform	Colisure Test	Absent	Pass	1	Per/100ml	Present	07/01/2023	A G - 106
Bacteria-E.coli	Colisure Test	Absent	Pass	1	Per/100ml	Present	07/01/2023	A G - 106
Nitrate + Nitrite as N	EPA 353.2	6.5	Pass	0.5	mg/L	10	07/03/2023	M K - 365
Turbidity	EPA 180.1	6.2	Pass	0.5	NTU	10	06/30/2023	A G - 106
Sand	SM 2540F	Not Detected	NA	0.5	ml/L/hr	-	07/03/2023	M K - 365

Approved By: _____



Denise Junis, Lab Director

HOME LAND LABS

241192 Due Date: 07/03/2023
Client: Hague Qual

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505 108 Old Solomons Island Road, Ste L2 3430 Rockefeller Court 2216 Commerce Road, Ste 2A
Towson, MD 21286 Annapolis, MD 21401 Waldorf, MD 20602 Forest Hill, MD 21050
MD Lab # 365 MD Lab # 106 MD Lab # 139

Please provide completed form with samples. Highlighted fields are required.

Client Name: <u>Hague Water of MD</u>	Property Address:
Email Address: <u>on file</u>	<u>14128 Howard Rd.</u>
Phone Number: <u>on file</u>	<u>Dagton, MD 21036</u>

Field Collection Information

Sampler Name: <u>Timothy Mark Sturensen</u>	Field pH: <u>6.5</u>
Sampler ID #: <u>1197TS</u>	Field Chlorine (mg/L): <u>none</u>
Date Sampled: <u>6/29/2023</u>	Time Sampled: <u>3:00</u>
Well Tag Number: <u>NC</u>	Sand: <u>none</u>
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity: <u>good</u>
If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point: <u>Bacteria - Pressure Tank</u>		Water Conditioning:	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- Bacteria
- Lead
- Nitrate + Nitrite
- Iron
- Turbidity
- Chlorides
- Hardness
- Arsenic
- Cadmium
- Gross Alpha
- Total Dissolved Solids
- Copper
- VOCs
- Other: sand & grit
- Other: _____

List rush samples below
Refer to table for rush turnaround times and fees

Rush

Potability

Iron

Release Signatures

Released By: [Signature] Date/Time: 6/30/2023 11:44 AM

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 6/30/2023 11:44 AM



