

C 1 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

ST/CO USE ONLY DATE Received **4/4/24** DATE WELL COMPLETED **8-1-23** Depth of Well **275** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO 20 0287**

OWNER **McDonald, Damien** WELL SITE ADDRESS **73531 Foreyline Rd.** TOWN **Sylorville** 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	
Red Clay	0	16	
Soft Brown	16	30	
Granite	30	40	
Sand mud	40	42	
Granite	42	75	
Sand	75	77	✓
Granite	77	245	
Gravel sand	245	251	✓
Granite	251	275	

GROUTING RECORD YES NO **Y N**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

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

NO. OF BAGS **11** NO. OF POUNDS **300**

GALLONS OF WATER **275**

DEPTH OF GROUT SEAL (to nearest foot) from **0** TOP 48 ft. to **44** BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

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

ST **6** **46**

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

SCREEN RECORD

screen type or open hole (insert appropriate code below)

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **12**

METHOD USED TO MEASURE PUMPING RATE **1 gal.**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **49** ft.

WHEN PUMPING **112** 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

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. **M3D 224**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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

C 2 DEPTH (nearest ft.)

HO **46** **275**

E A C H S C R E E N

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)

58 _____ 60 _____

from _____ to _____

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES NO **NO**

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

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

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

PUMP HORSE POWER 37 _____ 41 _____

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

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } **2** (nearest foot)

LATITUDE **39.348134**

LONGITUDE **76.983522**

(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) <u>05434</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>574077</u>	STATE PERMIT NUMBER <u>H0-20-0287</u> <small>70 fill in this form completely 79</small>
Date Received (APA) <u>6/28/2023</u> <small>8 MM DD YY 13</small>		B 3 LOCATION OF WELL	
OWNER INFORMATION 15 Last Name <u>McDonald</u> Owner <u>Dannan</u> First Name <u>Dannan</u> 34 36 Street or RFD <u>13521 Forsythe Rd</u> 55 57 Town <u>Sukesville</u> 70 State <u>MD</u> 72 Zip <u>21784</u> 76		8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>Sukesville</u> 71	
DRILLER INFORMATION Driller's Name <u>Andrew Houseman</u> 76 License No. <u>SD 224</u> 81 Firm Name <u>Fogles Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodbine Md 21797</u> Signature _____ Date <u>6-6-23</u>		B 4 SOURCES OF DRILLING WATER 1. <u>Well water</u> 2. _____ 3. _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		11 STREET ADDRESS <u>13521 Forsythe Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>80</u> 37 NORTH WEST SOUTH EAST DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>9</u> BLK: <u>2</u> PARCEL <u>171</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard County</u> 13 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>6/28/2023</u> 48 CO SIGNATURE <u>8 h Pun</u> EXP. DATE <u>6/28/2024</u> <small>7/28/23 @ 006:8/11/23 @ 007:8/11/2023</small>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		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	
APPROXIMATE DIAMETER OF WELL <u>6</u> 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE BANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		<p>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.</p>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>H0-20-0287</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



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

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

MEMORANDUM

February 6, 2024

RE: **Replacement Well Sampling**
Damian McDonald
13521 Forsythe Road
Sykesville, MD 21784
Well Permit # HO-20-0287

Dear Peter Lee,

According to our records, your replacement well has been completed. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

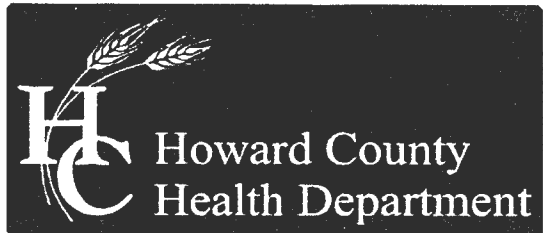
If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call be at 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shepsura Page'.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program



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:

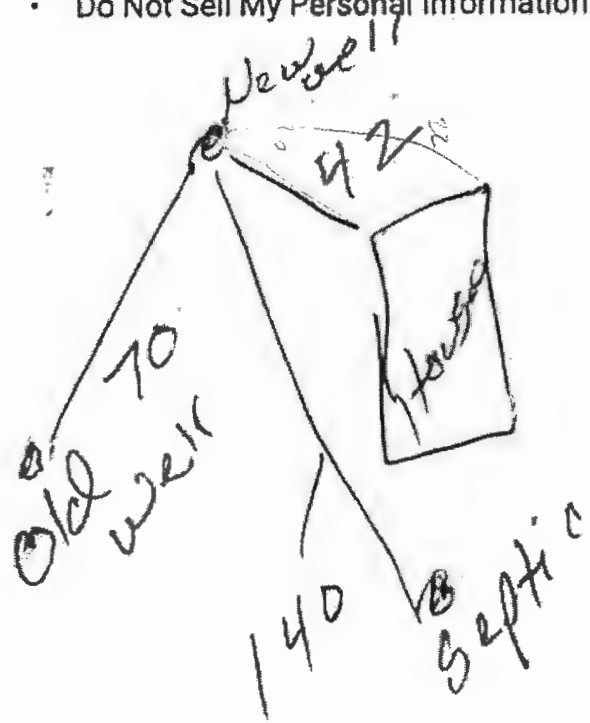
Subdivision/Property Name _____ Lot # _____ Road Name 13521 Forsythe Rd.

The well site has been staked by _____ (professional land surveyor or company employing professional land surveyors) on _____ (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.
*Andy staked the proposed well site already.
Please call if you need Andy to meet on site.*

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

~~Forsythe~~



Sell on Zoro

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well site

Approved SP
6/28/2023

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• Do Not Sell My Personal Information

Demian
13521
Forsythe



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	156822	Account #:	37161
Reference:	Damian McDonald	Client:	CASH ACCOUNT
Location:	13521 Forsythe Road Sykesville, MD 21784	Requested By:	Damian McDonald
Date/ Time Collected:	1/18/2023 1230	Source:	Well Water
Date/Time Rec'd:	1/18/2023 1410	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/Carbon Filter
Collected By:	Damian McDonal	pH:	5.8
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Chloride.	505	mg/L	250*	EPA 300.0	1/19/2023 / 1239 / TSD

NOTES:

- 1 * SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 ND = None Detected; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Client's Information

Date Reported: 1/20/2023



State of Maryland
 Department of Health
 LABORATORIES ADMINISTRATION
 1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
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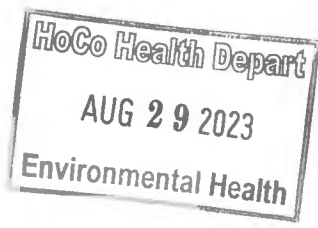
FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045	Field ID: HO-20-0287 Submitted By: S. Page Date Collected: 08/15/2023
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Information in this section was not generated by the laboratory

Lab No: E2400063101
 Date Received: 08/15/2023

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Sodium (Na)	EPA 200.7*	1.0	20.0	149	±1.12 %	ppm	08/25/2023



Approved by: <u>[Signature]</u>	Approval date: <u>08/29/2023</u>
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Samples are tested as received. Results relate only to the items tested.
 Methods marked with an asterisk (*) are included in our A2LA scope of accreditation.
 This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-4596 and arrange for return or destruction.
 Contact information for Questions: Telephone: (443) 681-3853 Fax: (443) 681-4507



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Certificate # 3525.02

Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HO-20-0287

Submitted By: Page

Date Collected: 08/01/2023

Information in this section was not generated by the laboratory

Lab No: E2400056401
 Date Received: 08/08/2023

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E*	10		305	± 4.099%	mg/L	08/16/2023
Total Dissolved Solids	SM 2540C	2		Not Tested		mg/L	

Reason for Test Rejection: Sample Received After Allotted Processing Time. Sample did not meet holding time. RH

HoCo Health Depart
 AUG 18 2023
 Environmental Health

Approved by: *Lara Phillips* Approval date: 08/18/2023

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 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Collection Report

Folder No:	E24000564	Date/Time Logged:	08/08/2023 14:00
Sample ID:	E2400056401	Temperature Control:	1.1
Date Received in Lab:	08/08/2023	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HO-20-0287
 Submitted By: Page
 Date Collected: 08/01/2023

Field ID: HO-20-0287
 County: Howard

Collected By: Page
 County Code: 13

Plant:
 Sample Station:
 Site Name:
 Sample Source: Damian McDonald
 Location: 13521 Forsythe Rd., Sykesville

Submitter Code:
 Reason For Testing: Special
 Data Category Code: 4F
 Regulation Supported:
 Federal Project:

Sample Preserved By: Iced 4C
 Sample pH: 6.0
 Free Chlorine: 0.0
 Total Chlorine: 0.0
 Comment:

Sample Type: Drinking Water
 System Type: Private
 Source Descriptor: Source (Raw Water)
 Collector Phone: (410) 313-1789
 Collection Date/Time: 08/01/2023 13:00

Analysis Requested
 Chloride
 Total Dissolved Solids (TDS)

Information in this section was not generated by the laboratory

Approved by: _____

Approval date: 08/18/2023

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 INORGANIC CHEMISTRY LABORATORY

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FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045	Field ID: HO-20-0287 Submitted By: S Page Date Collected: 08/15/2023
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Information in this section was not generated by the laboratory

Lab No: E2400062901
 Date Received: 08/15/2023

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E*	10		262	± 4.099%	mg/L	08/16/2023
Total Dissolved Solids	SM 2540C	2		586		mg/L	08/17/2023

HoCo Health Depart
 AUG 21 2023
 Environmental Health

Approved by: *Lois Phillips* Approval date: 08/21/2023

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 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Collection Report

Folder No:	E24000629	Date/Time Logged:	08/15/2023 15:53
Sample ID:	E2400062901	Temperature Control:	4.2
Date Received in Lab:	08/15/2023	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045		Field ID:	HO-20-0287
		Submitted By:	S Page
		Date Collected:	08/15/2023
Field ID:	HO-20-0287	Collected By:	S Page
County:	Howard	County Code:	13
Plant:		Submitter Code:	
Sample Station:		Reason For Testing:	Routine
Site Name:		Data Category Code:	4F
Sample Source:	Damian McDonald	Regulation Supported:	
Location:	13521 Forsythe	Federal Project:	
Sample Preserved By:	Iced 4C	Sample Type:	Drinking Water
Sample pH:	6.0	System Type:	Private
Free Chlorine:	NA	Source Descriptor:	Source (Raw Water)
Total Chlorine:	NA	Collector Phone:	(410) 313-1789
Comment:		Collection Date/Time:	08/15/2023 10:00
<u>Analysis Requested</u>			
Chloride			
Total Dissolved Solids (TDS)			

Information in this section was not generated by the laboratory

Approved by: *San Phillips* Approval date: 08/21/2023

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Maryland

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LABORATORIES ADMINISTRATION
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Robert Myers, Ph.D., Director



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FINAL REPORT

Folder No:	E24000631	Date/Time Logged:	08/15/2023 16:43
Sample ID:	E2400063101	Temperature Control:	NA
Date Received in Lab:	08/15/2023	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045		Field ID:	HO-20-0287
		Submitted By:	S. Page
		Date Collected:	08/15/2023
Field ID:	HO-20-0287	Collected By:	S. Page
Count:	Howard	County Code:	13
Plant:		Submitter Code:	
Sample Station:		Reason For Testing:	Routine
Site Name:	D. McDonald	Data Category Code:	4F
Sample Source:	13521 Forsythe	Regulation Supported:	SDWA
Location:		Federal Project:	Safe Drinking Water Act (SDWA) (S)
Sample Preserved By:		Sample Type:	Drinking Water
Sample pH:	<2	System Type:	Private
Free Chlorine:	NA	Source Descriptor:	Source (Raw Water)
Total Chlorine:	NA	Collector Phone:	(410) 313-1789
Comment:	Na	Collection Date/Time:	08/15/2023 10:00
Analysis Requested EPA 230.7 Multi-Elements			

Information in this section was not generated by the laboratory

Approved by: _____	Approval date: 08/29/2023
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