

**C1** **0502** (MDE USE ONLY)  
 1 2 3 4  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND  
 WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.  
**COUNTY  
 NUMBER**

ST/CO USE ONLY  
 DATE Received  
 MM DO YY  
 8 13

DATE WELL COMPLETED  
 9 9 07

Depth of Well  
 22 200 26 5/31/07  
 (TO NEAREST FOOT) O.K. (CB)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HO - 45 - 0783

OWNER Tal Brothers  
 STREET OR RFD BENSWORTH WAY TOWN Glenn  
 SUBDIVISION Edgewood Farms SECTION \_\_\_\_\_ LOT 27

**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 SANDY SOIL	0	17	
HARD WHITE QUARTZ	17	22	
BROWN WEATHERED SAND ROCK	22	32	
HARD GRAY ROCK	32	200	✓
WATER BEARING AT 80 FT. 130 FT. & 190 FT.			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 12 NO. OF POUNDS 128  
 GALLONS OF WATER 72  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 TOP ft. to 35 BOTTOM 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 **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 EACH CASING \_\_\_\_\_

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
 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. M WD 355  
 DRILLERS SIGNATURE \_\_\_\_\_  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D

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

**C2** DEPTH (nearest ft.)

1	HO	35	200
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DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

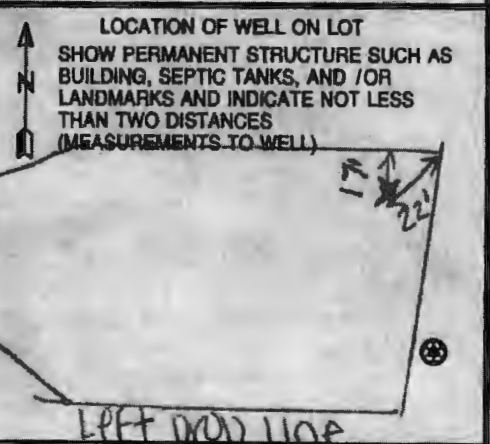
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE LOG OTHER DATA  
 CASING INDICATOR

**C3** **PUMPING TEST**

HOURS PUMPED (nearest hour) 4  
 PUMPING RATE (gal. per min.) 10.0  
 METHOD USED TO MEASURE PUMPING RATE Timer / Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 40 ft.  
 WHEN PUMPING 140 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 (CIRCLE) (YES or NO) 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) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } (nearest foot)



B 1 9339

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type

STATE PERMIT NUMBER Ho-95-0783 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MN DO YR 3 Toll Brothers 15 Last Name Owner First Name 34 1164 Columbia Gateway Dr. Ste 230 36 Street or RFD 55 Columbia, MD 21046 57 Town 70 State 72 Zip 76

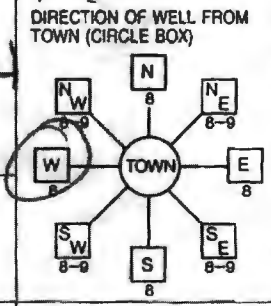
B 3 LOCATION OF WELL

8 COUNTY Howard 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 27 48 50 52 NEAREST TOWN Colonelg 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Michel Barlow MW D 355 76 License No. 81 Firm Name Barlow Well Drilling Srvc 500 Underwood Ln, Bel Air, Md 21014 Address Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Bensworth Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 305 37 51 ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 22 PARCEL 90

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/30/2007 Brian Baker 3/30/2008 CO SIGNATURE EXP. DATE NORTH GRID 518 000 EAST GRID 793 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

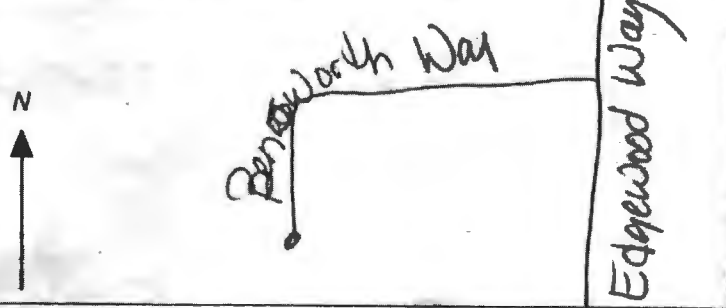
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 7923 N 52018

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



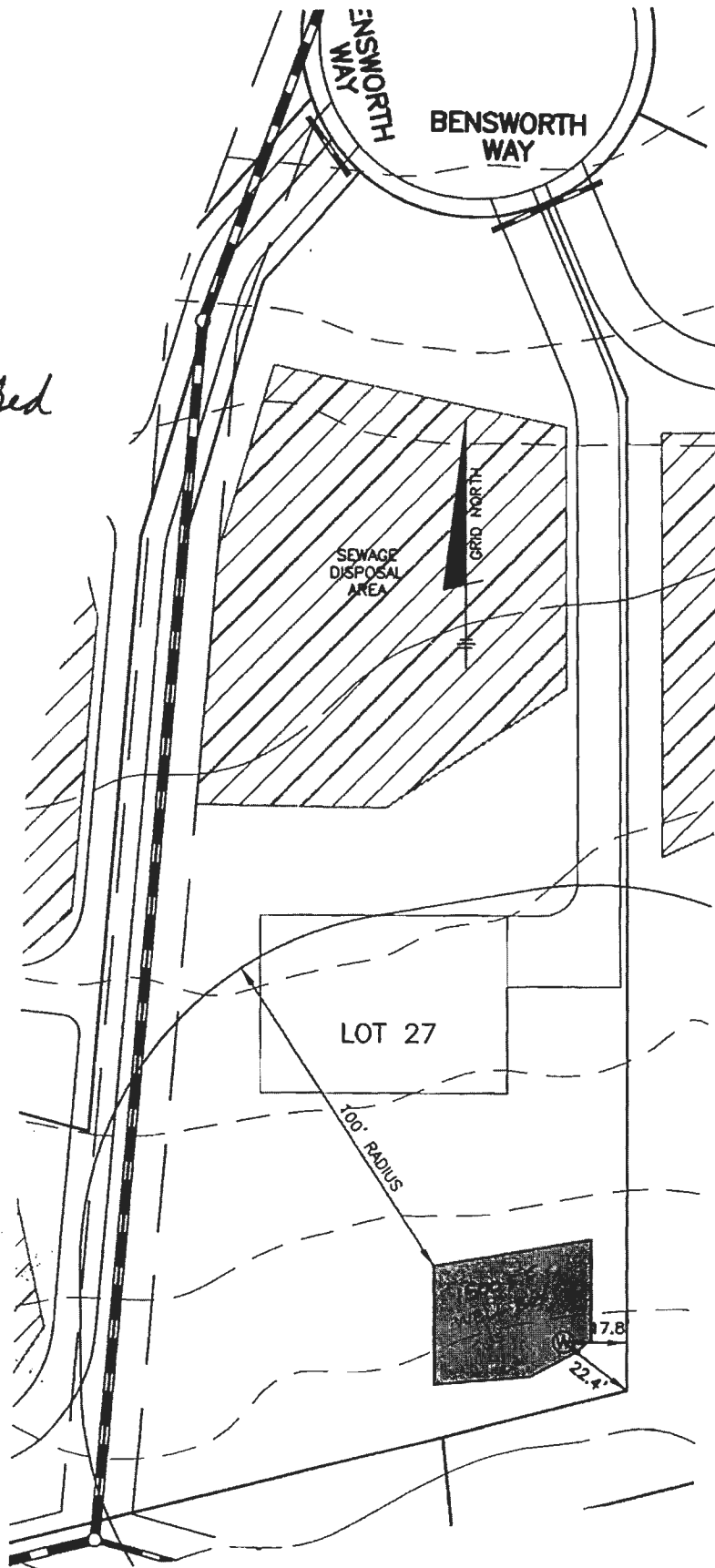
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H020060004 PERMIT No. Ho-95-0783

CONDITIONS OTHER AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



3/30/07  
Well Site Staked  
by Benchmark.

BB



**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

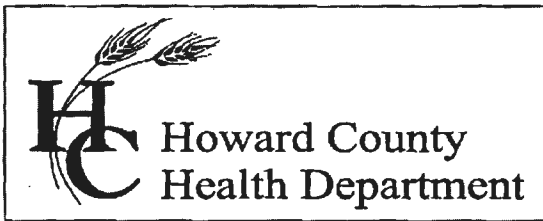
8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

**EDGEWOOD FARM**  
**WELL LOCATION PLAN**  
**LOT 27**

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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

Expiration Date – six months from today

9/10/14

Toll Brother  
14540 Edgewoods Way  
Glenelg, MD 21737

**RE: Edgewood Farm, Lot 27**  
**14335 Bensworth Way**  
**Building Permit: B#13003766**  
**Well Permit: HO-95-0783**

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 **5/2/2014**. Final approval of the well line connection to the dwelling was granted on **6/3/2014**. The well construction was completed on **4/4/2007**. Water samples were collected on **8/19/2014, 8/28/2014 and 9/4/2014**.

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 **8/19/2014 and 8/28/2014** indicated a nitrate level of **10.2 and 12.5 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 (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/4/2014** and indicated a nitrate level of **7.08 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 26.04.04.12F 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-95-0783. 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.**

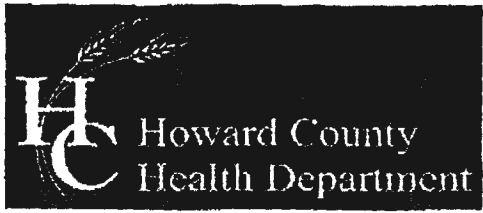
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Hank Oswald*

Hank Oswald, L.E.H.S  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2329 | Toll Free 1-866-913-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9/9/14 WELL PERMIT #: HO-95-0763
PROPERTY OWNER: Seung Paik DDS.
SUBDIVISION & LOT #: Edgewood Farm 27
PROPERTY ADDRESS: 14335 Bensworth Way, Glendeg, md 21737

CONDITIONS:

- 1) The well installed under permit # HO-95-0763 has been documented to have a nitrate level of 10.2 ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 8/19/14 indicated that the nitrate contamination has been reduced to 7.08 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO-95-0763. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Handwritten signature of Seung Paik]

Prospective Owner's Day Time Phone Number(s)

410 489 1027



A TOLL BROTHERS COMMUNITY

14540 Edgewoods Way  
Glenelg, MD 21737  
(410) 489-2275, Fax: (410) 489-2278

TO: MR Oswald

FAX:

FROM: David East

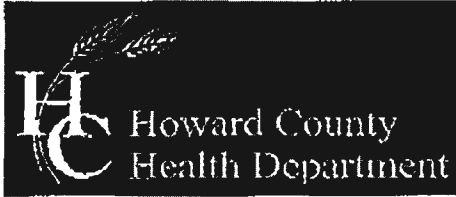
RE:

DATE: 9/11/14

Please find pages including this cover sheet. Please notify us if you did not receive all of the pages. Thank you.

14335 Bensworthway  
Please issue by 10am  
for settlement.

Thank you very  
much



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9/9/14 WELL PERMIT #: HO-95-0763
PROPERTY OWNER: TOLL MD III LLC
SUBDIVISION & LOT #: Edgewood Farm 27
PROPERTY ADDRESS: 14335 Bensworth Way, Glendora, md 21737

CONDITIONS:

- 1) The well installed under permit # HO-95-0763 has been documented to have a nitrate level of 10.2 ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 8/19/14 indicated that the nitrate contamination has been reduced to 7.08 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO-95-0763. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Handwritten signature]

Prospective Owner's Day Time Phone Number(s)

410 489 1024

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648**

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 Drilling LLC Telephone #: 410-795-5170  
Address: PO Box 207  
Woodbine, MD

(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# MSD 226

\*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 #: 410-469-2275  
Subdivision: Edgewood / Patuxent Chase Lot #: 27 Well Tag #: HO - 95-0299  
Site Address: 14335 Beneworth way 0783  
Greenig, MD

Submersible Pump Data

Make: Grundfos  
Model #: ISSGE01-180  
Pump Capacity: 7 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36" (36" min)  
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

Depth of well encountered at time of pump installation: 200 (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

Torque anastors, Cable guards, or other acceptable method used - Must circle one

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: HD (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): 5'  
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: David Fogle date: 6/2/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ 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 \_\_\_\_\_

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 95907 Account #: 1930  
Reference: Toll Brothers Lot 27 Company: Fogle's Well Drilling  
Location: 14335 Bensworth Way Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 8/28/2014 1242 Site: R/O Tap  
Date/Time Rec'd: 8/28/2014 1425 Treatment: Reverse Osmosis  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: J. Fogle 1974JF Well #: HO-95-0783

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	12.5	mg/L	10	601	8/29/2014 / 1530 / BCD

**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 ND:None Detected
- 4 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B13003766

Date Reported: 8/29/2014

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 95725 Account #: 1930  
Reference: Toll Brothers Lot 27 Company: Fogle's Well Drilling  
Location: 14335 Bensworth Way Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 8/19/2014 1225 Site: Pressure Tank  
Date/Time Rec'd: 8/19/2014 1430 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.5  
Collected By: J. Fogle 1974JF Well #: HO-95-0783

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/20/2014 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/20/2014 / 1015 / LLO
Nitrate	10.2	mg/L	10	601	8/20/2014 / 1025 / CRS
Turbidity	0.68	NTU	<10	SM18 2130B	8/20/2014 / 0928 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	8/20/2014 / 0928 / JKW

**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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B13003766

Date Reported: 8/20/2014

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	96019	Account #:	1930
Reference:	Toll Brothers Lot 27	Company:	Fogle's Well Drilling
Location:	14335 Bensworth Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	9/4/2014 1307	Source:	Well Water
Date/Time Rec'd:	9/4/2014 1530	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	6.0
		Well #:	HO-95-0783

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	7.08	mg/L	10	601	9/5/2014 / 1030 / CCH

**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 ND:None Detected
- 4 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy**Building Permit # :** B13003766Date Reported: 9/5/2014