

C1 5166 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 09 07 2007 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1208

OWNER Mckendree LLC last name Mckendree Road first name TOWN Glenwood SUBDIVISION Mckendree Springs SECTION LOT 1

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65

OTHER CASING (if used) 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: 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. 1 M S D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JS D 052

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

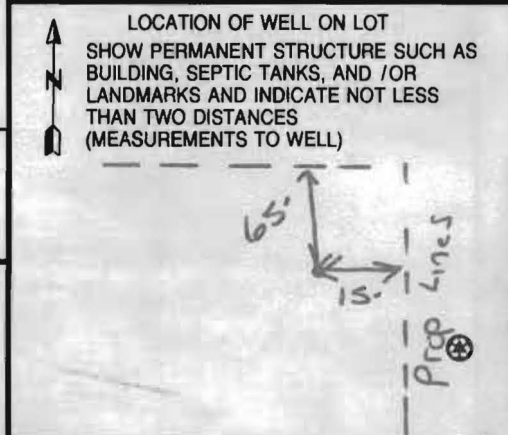
C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 17.64 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 167 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 (nearest foot) 1



1 **9883**
2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
527274 please type

STATE PERMIT NUMBER
HO - 95 - 1208
70 fill in this form completely 79

Date Received (APA)
8 MM DD YY 13
McKenbree LLC
15 Last Name Owner First Name 34
2381 York RD
36 Street or RFD 55
Lutherville MD 21093
57 Town 70 State 72 Zip 76

OWNER INFORMATION

B 3 **Howard** LOCATION OF WELL
8 COUNTY 21
McKenbree Springs
23 SUBDIVISION 42
SECTION **1** LOT **1**
44 46 48 50
Colebrook
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** M I
73 76 77 78

DRILLER INFORMATION
Michael Isom **M SD162**
Driller's Name 76 License No. 81
G Edgar Harr Sons Corp
Firm Name
12047 Falls RD 21030
Address
[Signature] **7/30/07**
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

McKenbree RD
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **300** 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: **14** BLK: **6** PARCEL: **128**

B 2 **WELL INFORMATION**
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**
14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard **A522469**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED **8/10/07** **[Signature]** **9/10/08**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **538** 000 EAST GRID **799** 000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 **I** INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

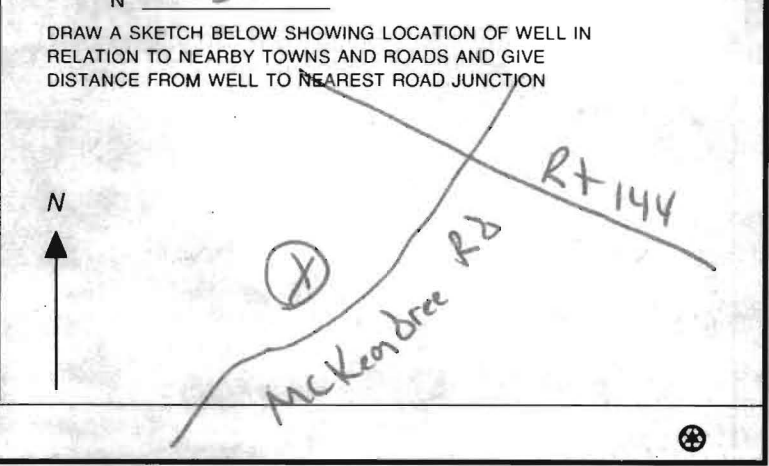
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **Well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **799**
N **538**
000
000

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 **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 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 - 95 - 1208**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 9-06-07
Address: McKendree Road
Owner Name: McKendree LLC
Well Depth: 300 Ft

Permit Number: HO-95-1208
Subdivision: McKendree Springs L#1
Election District:
Static Water Level: 29 Ft

| Time | Water Level | PSI Existing Pump | Pumping Rate Seconds to fill 5gallon bucket | Calculated Flow-Gallons Per Minute |
|------|-------------|----------------------|---|--|
| 0830 | 29 ft | | 17 sec | 17.64 |
| 0845 | 137 | | 17 | 17.64 |
| 0900 | 143 | | 17 | 17.64 |
| 0915 | 148 | | 17 | 17.64 |
| 0930 | 154 | | 17 | 17.64 |
| 0945 | 159 | | 17 | 17.64 |
| 1000 | 166 | | 17 | 17.64 |
| 1015 | 167 | | 17 | 17.64 |
| 1030 | 167 | | 17 | 17.64 |
| 1045 | 167 | | 17 | 17.64 |
| 1100 | 167 | | 17 | 17.64 |
| 1115 | 167 | | 17 | 17.64 |
| 1130 | 167 | | 17 | 17.64 |

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 1 Well Tag #: HO - 75 - _____
Site Address: 2240 McKendree Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 1/13/08 Date Insp. Approved: 1/13/08 OK
Inspection Data: Pitless adapter and 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 installed inside of well 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 ✓

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: Robert L Freezer Co Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L Freezer License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Great Oak homes Inc Telephone #: 410-404-0095
Subdivision: Mckendree Springs Lot #: 1 Well Tag #: HO-95-1208
Site Address: 2240 Mckendree Rd
West Friendship Md 21794

| | | |
|--|---|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>STA-RITE</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>57044510221</u> | Model#: <u>PT800</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>7</u> GPM | Depth: <u>42"</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>17.64</u> GPM | NSF approved: <input checked="" type="checkbox"/> | Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/> |
| Depth of well encountered at time of pump installation: _____ (feet) | | Conduit secured to well cap: <input checked="" type="checkbox"/> |

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

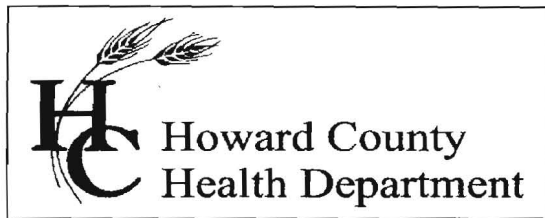
| | |
|--|--|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>Poly</u> | PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>200lb</u> (150 psi min) | Approximate length of sleeve: <u>10'</u> |
| Depth of supply line: <u>42"</u> (36" min) | Sleeve caulked and sealed properly: <input checked="" type="checkbox"/> |

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: Robert L Freezer Date: 1/21/09

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

Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate ground observed below pitless adapter _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 4th, 2013

January 4th, 2013

Homeowner
2240 McKendree Road
West Friendship, MD 21794

**RE: McKendree Springs, Lot 1
2240 McKendree Road
Building Permit: B08000418
Well Permit: HO-95-1208**

Dear Homeowner:

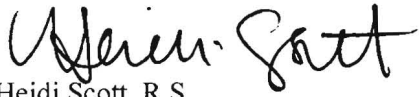
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/4/2013**. Final approval of the well line connection to the dwelling was granted on **1/13/2008**. The well construction was completed on **9/7/2007**. Water samples were collected on **12/14/2012 & 9/4/2012**.

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-95-1208. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

107328

WWS

2240 MCKENNAE RD
STREET
WEST FRIENDSHIP
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 12/14 Time 1:00 Well Tag #: _____

Collectors Name: JOHN MOSEMAN Certification # JRMO130 Expires 3/13

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: KITCHEN Chemicals: _____ Lead: _____

Bacteriological Test _____ Next Day 11:30 _____ Next Day 3:30 _____ 2 Day

FULL Chemical Analysis _____ Next Day 3:30 _____ 2 Day 3 Day Welatt
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

BASIC Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

____ Lead _____ Arsenic _____ Next Day 3:30 _____ 2 Day _____ 3 Day

____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions :

Released By: [Signature] Date: 12/14 Time 1:00 Received By: _____

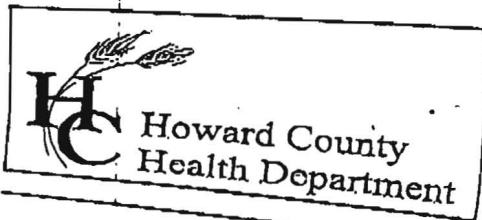
Released By: [Signature] Date: 12/14 Time 2:30 Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: RO Date: 12-14-12 Time 1425



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-2640
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:

Well Site Location:

McKenzie Springs 1+2 McKenzie Road
Subdivision/Property Name Lot# Road Name

The well site has been staked by VAN MAC ASSOC
(professional land surveyor or company employing professional land surveyors)
on 7/27/07 (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.

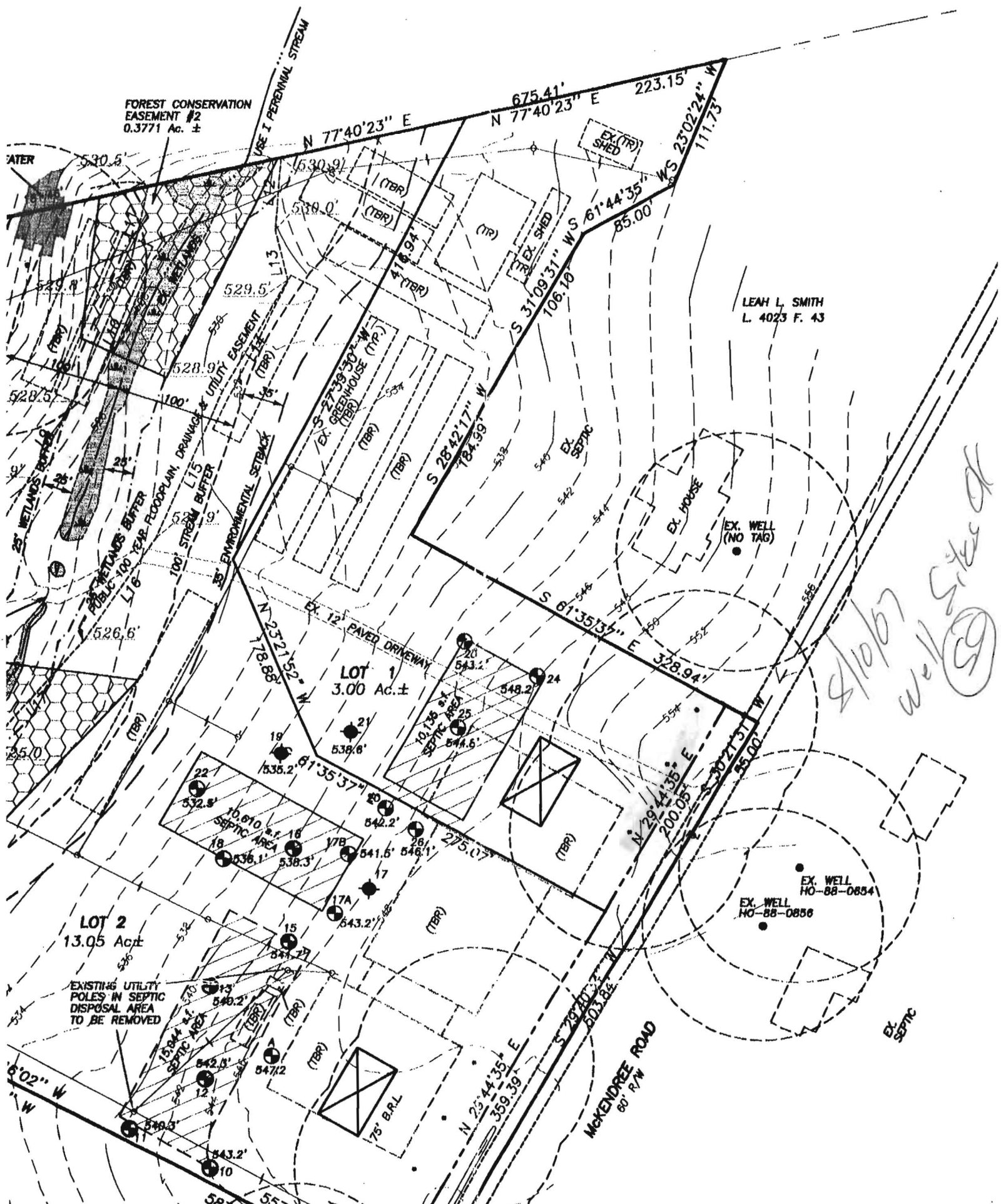
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

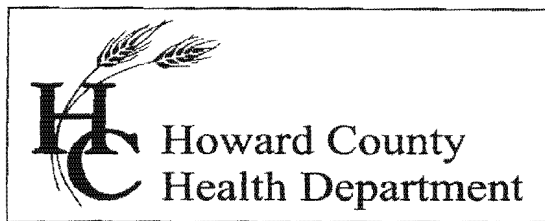
Revised 3/11/05

FOREST CONSERVATION
EASEMENT #2
0.3771 Ac. ±

LEAH L. SMITH
L. 4023 F. 43

8/10/07 well sites of





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 22, 2013

March 22, 2013

Homeowner
12902 Lime Kiln Road
Highland, MD 20777

**RE: Lime Kiln Valley, Lot 31
12902 Lime Kiln Road
Building Permit: B11002413
Well Permit: HO-95-1280**

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 **3/19/2013**. Final approval of the well line connection to the dwelling was granted on **1/23/2013**. The well construction was completed on **10/19/2007**. Water samples were collected on **3/8/2013 & 3/1/2013**.

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-95-1280. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive style with a large initial 'H' and 'S'.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

John Moseman
Well Water Solutions
P. O. Box 67
Highland, MD 20777

Reporting Date: 5/9/2012
Report #: WWS1209-01

Submitted Sample Address: 2240 Mckendree Road
Glenelg, MD
Submitted Sample Source: Well
Date / Time Collected: 9/4/2012 12:00 PM
Sample Type: Drinking Water
Sampler/Company: John Moseman 0130JM, Well Water Solutions
Field Record: Chlorine residual: Absent Clear when drawn
Well #: N/A
Laboratory Certification: # 214 Maryland, # 00107 Virginia

Analytical Results

| Parameter | Result | Units | Report Limit | MCL | Analytical Method |
|-----------------|---------|------------------|----------------|----------------|--------------------------|
| Total Coliforms | Present | Coliforms/100 ml | Present/Absent | Present | SM 9223B |
| <i>E. Coli</i> | Absent | Coliforms/100 ml | Present/Absent | Present | SM 9223B |
| Nitrates | 4.95 | mg/L | 1.0 | 10 | EPA 353.2 |
| Sand | Present | P/A | Present/Absent | Present | Visual |
| Turbidity | 0.9 | NTU | 0.5 | 10 | SM 2130B |
| pH | 6.4 | SU | 0.1 | 6.5-8.5 (SMCL) | SM 4500 H ⁺ B |


Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



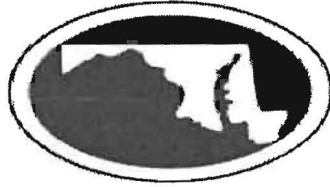
C. Rodgers, Customer Service Representative

Reviewed by: 

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401

State Certified Water Quality
Laboratory # 106



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Well Water Solutions, Inc.
6730 Montell Ct
Highland, MD 20777

Project
Date Received 12/14/2012
Date Reported 12/20/2012

Sample No: 107328-01 Sampled: 12/14/2012 1:00:0 Sampler: JMoeman0130JM (Exp. 02/2013)
Location: 2240 McKendree Rd
West Friendship, MD Sample Point: Kitchen

| Parameter | Method | Result | Qualifiers | Units | RL | Test Date | Analyst |
|---------------------------|--------------|-------------|------------|-----------|-----|------------|---------|
| ✓ Nitrate + Nitrite as N | EPA 353.2 | 6.4 | | mg/l | 1.1 | 12/20/2012 | DB |
| ✓ Bacteria-Total Coliform | Colitag Test | Absent/Pass | | Per/100ml | 1 | 12/14/2012 | LH |
| ✓ Bacteria-E.coli | Colitag Test | Absent/Pass | | Per/100ml | 1 | 12/14/2012 | LH |
| ✓ Turbidity | EPA 180.1 | 1.6 | | NTU | 0.5 | 12/18/2012 | PM |

OK MS
1-4-13

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

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