

C1 2933

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)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

COUNTY NUMBER A 520089 PERMIT NO. FROM "PERMIT TO DRILL WELL" No. 95-0552

OWNER Blawie Joseph STREET OR RFD IVORY ROAD TOWN Glenelg SUBDIVISION Crystal Clear Sub - Blawie SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-32) and Gray Mica Rock (32-340).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 12, NO. OF POUNDS 1128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 0 to 33 ft.

CASING RECORD: MAIN CASING TYPE ST (STEEL), Nominal diameter 6 inch, Total depth of main casing 35 feet.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole HO (OPEN HOLE), DEPTH (nearest ft.) 34.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (Well was abandoned and sealed), 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...

DRILLERS LIC. NO. 1 M SD 024, DRILLERS SIGNATURE Joseph J. Mays

LIC. NO. 1 ASD 027, SIGNATURE Joseph J. Mays

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

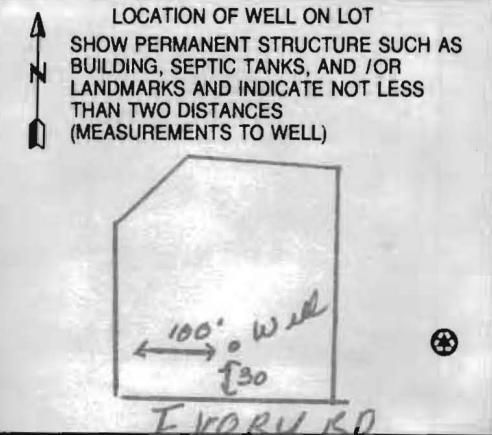
DEPTH (nearest ft.) 34, DIAMETER OF SCREEN 56 inch, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED 8.9, PUMPING RATE 5.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 24 ft., WHEN PUMPING 132 ft., TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, 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 (nearest foot) 50-51



B 1 1077

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525595 please type

STATE PERMIT NUMBER H0-95-0552 fill in this form completely

Date Received (APA) 10/11/06

OWNER INFORMATION

Last Name: Blouin, Owner: R. Joseph, Street or RFD: 13800 Kennard Dr., Town: Hlenelg, State: Md, Zip: 21737

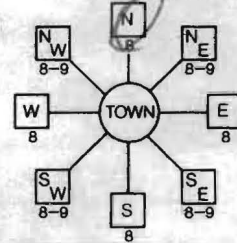
LOCATION OF WELL

COUNTY: Howard, SUBDIVISION: Crystal Clear Sub - Blouin Property, SECTION: 44, LOT: 3, NEAREST TOWN: Hlenelg, MILES FROM TOWN: 1/2

DRILLER INFORMATION

Driller's Name: Joseph & Mayne M SD 024, Firm Name: Joseph & Mayne Well Drilling, Address: 5512 Ridge Rd Mt. Airy Md 21718, Signature: Joseph & Mayne, Date: 10-5-06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Ivory Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH

DISTANCE FROM ROAD: 25 FT

TAX MAP: 22, BLK: 7, PARCEL: 533

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard, COUNTY NO.: A520087, DATE ISSUED: 11/16/06, CO SIGNATURE: Kim Hall, EXP. DATE: 11/16/07, NORTH GRID: 522 000, EAST GRID: 802 000

APPROXIMATE DEPTH OF WELL: 300 FEET, APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary, JETTED AIR-PERcussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEIN AN EXISTING WELL

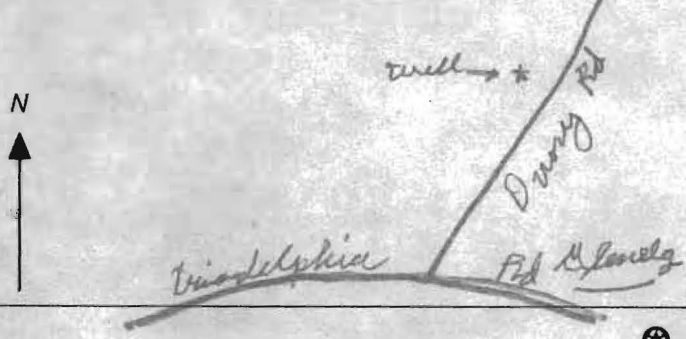
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002, N 5202

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: G, PERMIT No.: H0-95-0552

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: 3 Well Tag #: HO-95-0552
Site Address: 3760 Ivory Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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: _____ Date Insp. Approved: 10/21/13 Inspector: BB
 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



AB CONSULTANTS, INC.
9450 Annapolis Road
Lanham, Maryland 20706

Ph: 301-306-3091
Fax: 301-306-3092
www.abconsultantsinc.com

ENGINEERING

PLANNING

SURVEYING

GEOTECHNICAL
ENGINEERING

CONSTRUCTION
MANAGEMENT

DESIGN BUILD
SERVICES

MATERIALS
TESTING

November 08, 2006

Stewart
Howard County Health Department
Well Inspection Division
Fax # 410.313.2648
RE: Blouin Subdivision

Dear Mr. Stewart:

AB Consultants Survey department staked the well sites and their boxes on October 23, 2006 for the Blouin Subdivision.

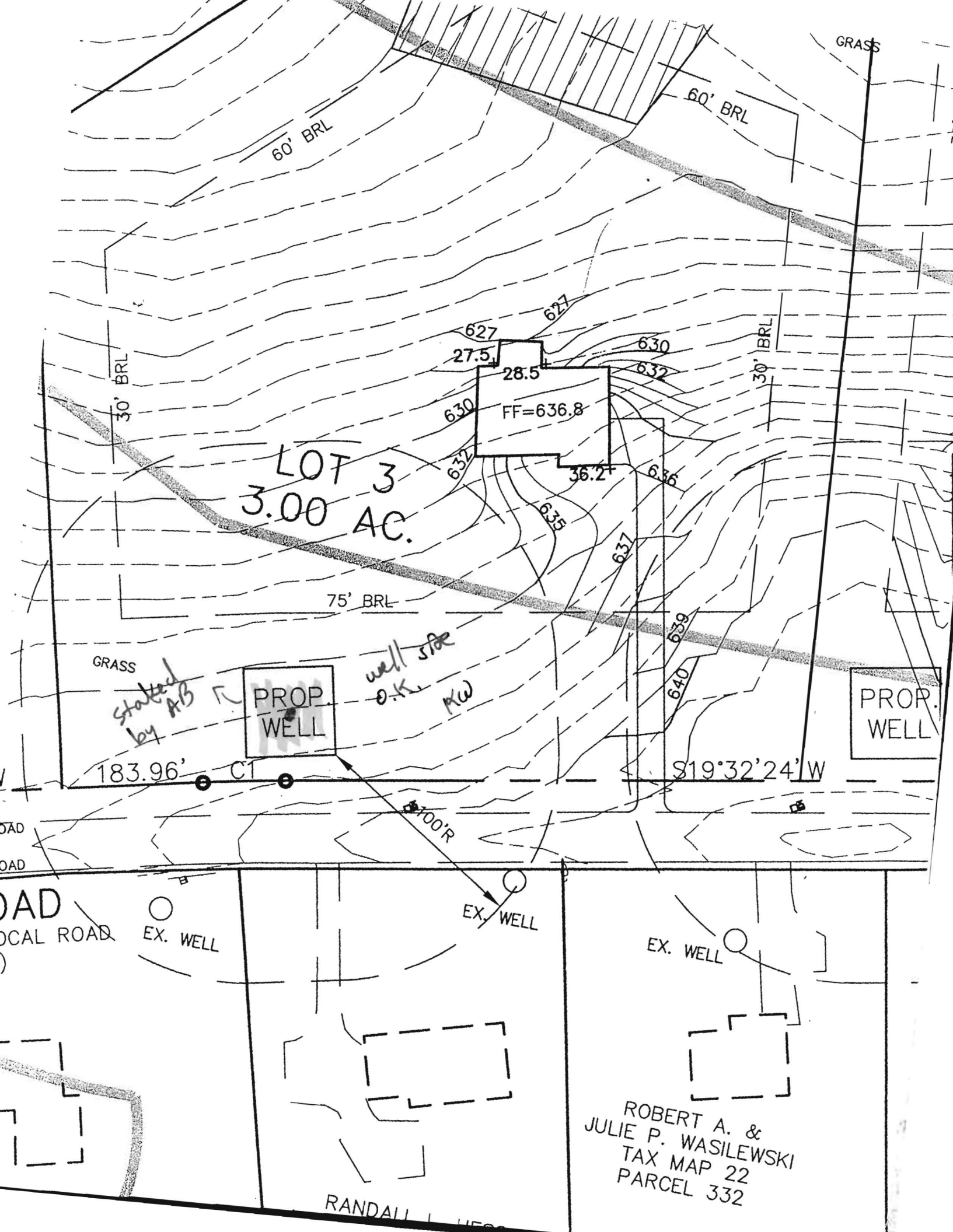
If you have further questions or need further information, please call this office.

Sincerely,

AB CONSULTANTS, INC.

C. V. Kelly *Vernon*
C. V. Kelly, PLS
Vice President

CC: Mr. Joe Blouin



LOT 3
3.00 AC.

PROP
WELL

PROP.
WELL

183.96'

C1

S19°32'24' W

FF=636.8

well side
O.K. KW

100'R

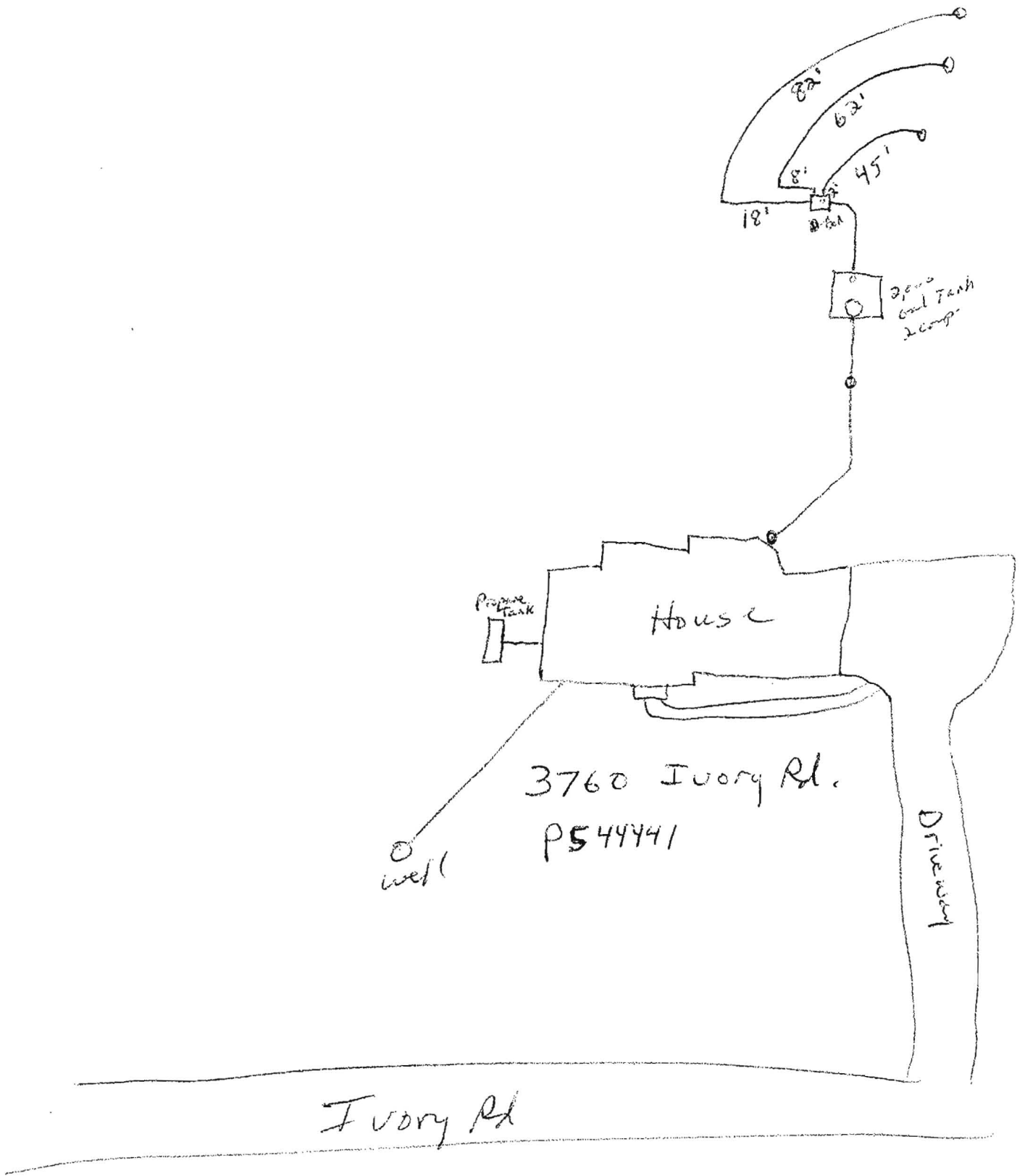
EX. WELL

EX. WELL

EX. WELL

ROBERT A. &
JULIE P. WASILEWSKI
TAX MAP 22
PARCEL 332

RANDALL





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

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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR BACTERIA

Expiration Date – February 3, 2014

January 16, 2014

Homeowner
3760 Ivory Road
Glenelg, MD

**RE: Blouin Property Lot 3
3760 Ivory Road
Building Permit: B13001463
Well Permit: HO-95-0552**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **1/16/2014**. Final approval of the well line connection to the dwelling was granted on **10/21/2013**. The well construction was completed on **11/29/2006**. Water samples were collected on **12/26/2013, 1/7/2014, 1/13/2014**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**

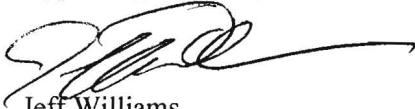
- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**

- c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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 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,



Jeff Williams
Program Manager
Well & Septic Program

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



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

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

REQUEST FOR TEMPORARY DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 1/16/14 WELL PERMIT #: HO - 95 - 0552
PROPERTY OWNER: Frank Schittino
SUBDIVISION & LOT #: Blouin Property Lot 3
PROPERTY ADDRESS: 3760 Lacey Rd

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

several chlorination attempts

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

- Submit iron sample result from untreated water
- conduct "super-chlorination" of well and re-sample untreated water
- submit inspection results from plumber or well-driller of upper terminal of well + cap

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO - 95-0552 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - ~~95~~ -0552. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

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



Prospective Owner's Day Time Phone Number(s)

443-538-3569



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventria Court * P.O. Box 245 * Myersville, MD 21773 * 301-293-3340 * Fax 301-293-3266
www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 16-4

Field Record

Site visit performed on: Monday, January 13, 2014 12:20 PM
by: Tammy Hebeisen State ID No. 9986TH
Affiliation: Fredericktowne Labs, Inc.
Property Owner: Frank Schittino
Property Address: 3760 Ivory Road
Glencolg, MD
Sample Source: Bathroom Sink
Treatment Devices Noted: U.V. Light Sediment Filter ?
Sample taken after treatment: Yes
Well No.: HO-95-0562
Field pH: 6.7
Total Res. Cl.: <0.1 mg/l
Temp: 11.2° C

Laboratory Report

Sample Received at laboratory: 1/13/2014 2:00 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	01/13/14	15:20	01/14/14	15:36	9223B	KH

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Turbidity	8.3 NTU'	10	1/13/2014	180.1	KMW

Reported by: Tallan Mellott 1/14/14
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158

Acct. No.: **7248 - 16-3**

Chain of Custody

Fredericktowne Labs, Inc.

3020 Ventrle Cl.
 P. O. Box 245
 Myersville, MD 21773-
 www.Fredericktownelabs.com
 (301) 293-3340 / FAX (301) 293-2366

Project: **Frank Schittino**
3760 Ivory Road
Glenslg, MD

Collected by: *R. Comdry*

Affiliation:

FREDERICKTOWNE LABS, INC.

No. 1650 - P. 7

Sample Number	Source	Matrix	Grab/Composite	Collection		Field Observation			Analysis Requested	Preservation	Verify By:
				Date	Time	Col	Cl	Temp			
7248 - 16-3 - 1	Bathroom Sink	DW	Grab	1-7-14	9:55	6.0	<0.1	13.3	Bacteria - Coliert 200	Na2S2O3	
7248 - 16-3 - 2	Bathroom Sink	DW	Grab	"	9:55	6.0	<0.1	"	Turbidity	4 degrees C	

If lead or copper are sample collection forms attached? Yes No Water last used: _____ (Date) _____ (Time)

For Potability testing? Yes No Well Number: _____ Verified Water System: Yes

Water treatment systems present? None UV RO Water Softener Other None Treatment:

Comments/Treatment Info. etc.

Relinquished by: *R. Comdry* 1-7-14 14:55 Received by: *Allen Wellott* 1/7/14 14:55 Iced: Yes No Temp

Relinquished by: _____ Received by: _____ Date/Time _____ Method of Shipment: _____

Relinquished by: _____ Received by: _____ Date/Time _____ Lab Comments: _____

Note: Howard Co. Hlth Dept U&O
 Ken Kanode/301-461-7395
 House will be open, workers will be there.
 Be sure to do pH & chlorine level.

Jan. 15. 2014 8:36AM



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court * P.O. Box 245 * Myersville, MD 21773 * 301-293-3340 * Fax 301-293-3266
www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 16-3

Field Record

Site visit performed on: Tuesday, January 07, 2014 9:55 AM
by: Ronald Demory State ID No. 8072RD
Affiliation: Fredericktowne Labs, Inc.

Property Owner: Frank Schittino
Property Address: 3760 Ivory Road
Glencig, MD

Sample Source: Bathroom Slnk

Treatment Devices Noted: No Treatment Devices

Sample taken after treatment: No

Well No.: HO-95-0552

Field pH: 6.9

Total Res. Cl.: <0.1 mg/l

Temp: 13.3° C

Laboratory Report

Sample Received at laboratory: 1/7/2014 2:55 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
32	<1	01/07/14	15:30	01/08/14	15:57	9223B	KMW

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Turbidity	46 NTU'	10	1/7/2014	180.1	KMW

Reported by:

Edlin Willott 1/8/14
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by AB Consultants on 10-10-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Joseph Blouin

Acct. No.: **7248 - 16-4**

Chain of Custody

Fredericktowne Labs, Inc.

3020 Ventrie Ct.

P. O. Box 245

Myersville, MD 21773-

www.Fredericktownelabs.com

(301) 293-3340 / FAX (301) 293-2366

Project: **Frank Schittino**
3760 Ivory Road
Glenn, MD

Collected by: *T. Heberlein*

Affiliation:
FREDERICKTOWNE LABS, INC.

No. 1650 - P. 9

Sample Number	Source	Matrix	Grab/Composite	Collection		Field Observation			Analysis Requested	Preservation	Verify By:
				Date	Time	pH	Cl	Temp			
7248 - 16-4 - 1	Bathroom Sink	DW	Grab	1-13-14	1220	6.7	50.1	11.2	Bacteria - Coliform 200	Na2S2O3	T.H
7248 - 16-4 - 2	Bathroom Sink	DW	Grab	1-13-14	1220				Turbidity	4 degrees C	T.H

If lead or copper are sample collection forms attached? Yes No Water last used: _____ (Date) _____ (Time)

For Potability testing? Yes No Well Number: _____ Verified Water System: Yes

Water treatment systems present? None UV RO Water Softener Other *Sediment* Treatment:

Comments/Treatment Info. etc.

Relinquished by: *[Signature]* 1-13-14 Received by: *Toller Mellett* Date/Time: *1/13/14 11:00* Iced: Yes No Temp

Relinquished by: _____ Received by: _____ Date/Time: _____ Method of Shipment: _____

Relinquished by: _____ Received by: _____ Date/Time: _____ Lab Comments: _____

Note: Howard Co. Health Dept U&O
 Ken Kanode/301-461-7395
 House will be open, workers will be there.
 Be sure to do pH & chlorine level. *Verify systems*

Jan. 15. 2014 8:37AM



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court * P.O. Box 245 * Myersville, MD 21779 * 301-299-3340 * Fax 301-299-3266
 www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 16-2

Field Record

Site visit performed on: Thursday, December 26, 2013 12:10 PM
 by: Ronald Demory State ID No. 8072RD
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: Frank Schittino
 Property Address: 3760 Ivory Road
 Glenelg, MD
 Sample Source: Bathroom Sink

Well No.: HO-95-0552
 Field pH: 7.0
 Total Res. Cl.: <0.1 mg/l
 Temp: 13.5° C

Laboratory Report

Sample Received at laboratory: 12/28/2013 1:30 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
>200	<1	12/26/13	16:01	12/27/13	10:02	9223B	JD

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	0.4 mg/l	10	12/26/2013	300.0	PH
Sand	<2 mg/l	5	12/26/2013	0.065mmFilter	KMW
Turbidity	24 NTU'	10	12/26/2013	180.1	KMW

Reported by: Callie Mellott 12/27/13
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOE WBE Cert. No.: 91-158

Acct. No.: **7248 - 16-1**

Chain of Custody

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 P. O. Box 245
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 (301) 293-3340 / FAX (301) 293-2366

Project: **Frank Schittino**
3760 Ivory Road
Glennelg, MD

Collected by: *T. Heberse*

Affiliation:

No. 1650 P. 3

Sample Number	Source	Matrix	Grab/Composits	Collection		Field Observation			Analysis Requested	Preservation	Verify By:
				Date	Time	pH	Cl	Temp			
7248 - 16-1 - 1	Bathroom Sink	DW	Grab	12-23-13	10:15				Bacteria - Colliert 200	Na2S2O3	
7248 - 16-1 - 2	Bathroom Sink	DW	Grab	11	9				Nitrate-Nitrogen Turbidity	4 degrees C	
7248 - 16-1 - 3	Bathroom Sink	DW	Grab	11	10				Sand	4 degrees c	

If lead or copper are sample collection forms attached? Yes No Water last used: _____ (Date) _____ (Time)

For Potability testing? Yes No Well Number: _____ Verified Water System: Yes

Water treatment systems present? None UV RO Water Softener Other _____ Treatment:

Comments/Treatment Info. etc.

Relinquished by: *[Signature]* 12-23-13 Received by: *[Signature]* Date/Time: 12/23/13 12:15 Iced: Yes No Temp

Relinquished by: _____ Received by: _____ Date/Time: _____ Method of Shipment: _____

Relinquished by: _____ Received by: _____ Date/Time: _____ Lab Comments: _____

Note: Howard Co. Hlth Dept U&O
 Ken Kanode/301-461-7395
 House will be open, workers will be there.
 Be sure to do pH & chlorine level.

[Handwritten Signature]

Jan. 15. 2014 8:35AM



Fredericktowne

ENVIRONMENTAL TESTING

Labs Inc.

5020 Ventrie Court * P.O. Box 245 * Myersville, MD 21773 * 301-293-3340 * Fax 301-293-3266
www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 16-1

Field Record

Site visit performed on: Monday, December 23, 2013 10:15 AM
by: Tammy Hebelsen State ID No. 9966TH
Affiliation: Fredericktowne Labs, Inc.
Property Owner: Frank Schittino
Property Address: 3760 Ivory Road
Glenelg, MD
Sample Source: Bathroom Sink
Well No.: HO-95-0552

Laboratory Report

Sample Received at laboratory: 12/23/2013 12:15 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
						9223B	NPV

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen		mg/l	10		300.0	NPV
Sand		mg/l	5		0.065mmFilter	NPV
Turbidity		NTU'	10		180.1	NPV

Non-Productive Visit

Reported by: Taylor Mellott 12/23/13
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158