

C 1 27697 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6  
(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

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

COUNTY NUMBER A 518016

ST/CO USE ONLY  
DATE RECEIVED  
MM 10 DD 24 YR 16

DATE WELL COMPLETED  
MM 10 DD 17 YR 2016

Depth of Well  
365'  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO 15-0307

OWNER Heritage Realty & Land Development  
WELL SITE ADDRESS Line Keller Rd TOWN Fulton  
SUBDIVISION Zimmerman Property SECTION \_\_\_\_\_ LOT 6

**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	
Sand	0	59	
Mica Rock	59	365	✓
Water at	190'	320'	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY

NO. OF BAGS 19 NO. OF POUNDS 1986  
GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 59 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 63'

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

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 SD 024  
DRILLERS SIGNATURE [Signature]  
LIC. NO.: ASD 027

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

**C 2** DEPTH (nearest ft.)

HO 61 365'

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
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

**C 3** PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)  
BEFORE PUMPING 37' ft.  
WHEN PUMPING 229' 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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 \_\_\_\_\_ 36

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 39.14881  
LONGITUDE 76.94624  
(DEFAULT COORD. WGS 84)

NOTES:

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>42833</b>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 5597587 please type	STATE PERMIT NUMBER <b>HO-15-0307</b> <small>fill in this form completely</small>
Date Received (APA) 8 <u>09</u> <u>07</u> <u>16</u> MM DD YY 13		<b>B 3</b> LOCATION OF WELL	
<b>OWNER INFORMATION</b> 15 <u>Heritage Realty + Land Development</u> Last Name Owner First Name 34 36 <u>P.O. Box 482</u> Street or RFD 55 57 <u>Lisbon</u> <u>md</u> <u>21765</u> Town 70 State 72 Zip 76		8 <u>Howard</u> COUNTY 21 23 <u>Zimmerman Property</u> SUBDIVISION 42 SECTION 44 <u>6</u> 46 LOT 48 <u>6</u> 50 52 <u>Fulton</u> NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L. Mayne</u> M <u>SD 024</u> License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>9-6-2016</u>		<b>B 4</b> SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>250</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>45</u> BLK: <u>5</u> PARCEL <u>59</u>	
<b>B 2</b> WELL INFORMATION 1 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 2 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>A518016</u> <u>(13)</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>9/16/2016</u> <u>Brian Baker</u> <u>9/16/2017</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE 41	
<b>USE FOR WATER</b> (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			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28		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 NEAREST INCH			
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY DRIVE-POINT other _____			
<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" 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>	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>HO-15-0307</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> 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, Piless 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: Fogles Well Pump & Water Treatment LLC Telephone #: 410 795 5670  
Address: 580 Obrecht Rd  
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): Dave C. Fogle License # MSD226

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Russell Gift Telephone #: 410 818 7362  
Subdivision: Zimmerman Property Lot #: 6 Well Tag #: HO-15-0307  
Site Address: 12445 Lime Kiln Rd  
Fulton, MD 20759

<u>Submersible Pump Data</u>	<u>Piless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSGEO7-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>7.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>365'</u> (80')		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque wrench, 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

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

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: Dave C. Fogle date: 12/13/17

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

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

Inspection Data: Piless 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 casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pilless adapter \_\_\_\_\_

**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 #: \_\_\_\_\_ Well Tag #: HO - 15 - 0307  
Site Address: \_\_\_\_\_

<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: 12/14/17 Date Insp. Approved: 12/14/17 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>54"</u>	<u>12/14/17</u>	<u>(Signature)</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>			
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>49"</u>	<u>12/14/17</u>	<u>(Signature)</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>			
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>9"</u>	<u>12/14/17</u>	<u>(Signature)</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	<u>&gt;13'</u>	<u>12/14/17</u>	<u>(Signature)</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>			

12/14/17 (Signature)  
Ex House



Hill CREST

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 28, 2018**

March 28, 2018

Homeowner  
12404 Hill Crest  
Fulton, MD 20759

**RE: Hill Property, Lot 6  
12404 Hill Crest  
Building Permit: B17001507  
Well Permit: HO-15-0307**

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 **1/16/2018**. Final approval of the well line connection to the dwelling was granted on **12/14/2017**. The well construction was completed on **10/17/2016**. Water samples were collected on **3/26/2018**.

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-15-0307. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

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



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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



7178 Columbia Gateway Dr., Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Zimmerman Property      6      Lime Kiln Rd  
Subdivision/Property Name      Lot #      Road Name

- The well site has been staked by Mildenberg Boender & Assoc. Inc,  
(professional land surveyor or company employing professional land surveyors)  
on 08/05/16 (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 3/11/07

PERRY C. WESTLAND &  
BARBARA LORAIN WESTLAND  
ZONED RR-DEO 2475/724  
TAX MAP 45, PARCEL 30  
12525 SW LIME KILN ROAD

2475/724 12525 SW LIME  
KILN ROAD ZONED: RR-DEO  
TAX MAP 45, PARCEL 30  
PERRY C. WESTLAND &  
BARBARA LORAIN WESTLAND

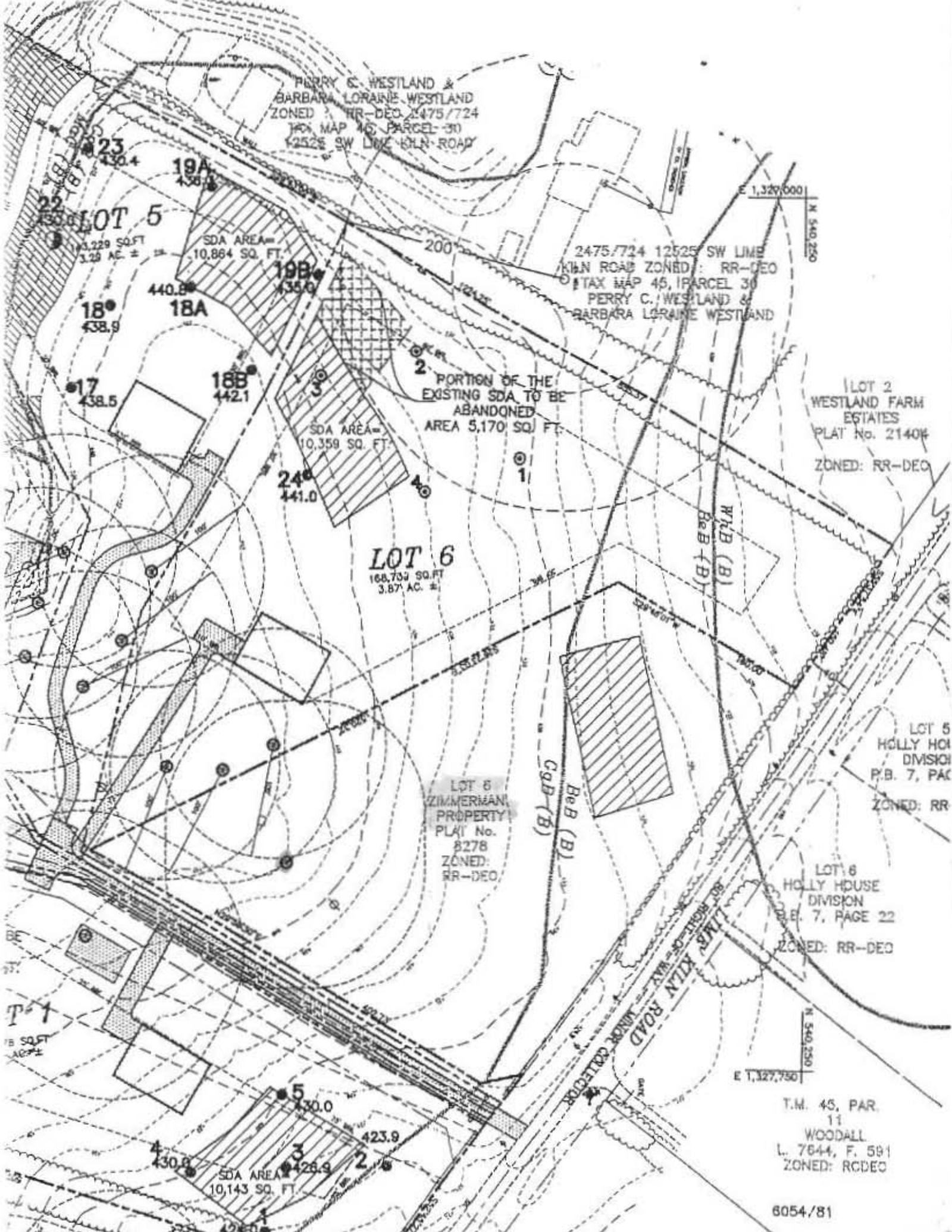
LOT 2  
WESTLAND FARM  
ESTATES  
PLAT No. 21404  
ZONED: RR-DEO

LOT 5  
HOLLY HOE  
DIVISION  
P.B. 7, PAC  
ZONED: RR

LOT 6  
HOLLY HOUSE  
DIVISION  
P.B. 7, PAGE 22  
ZONED: RR-DEO

PORTION OF THE  
EXISTING SDA TO BE  
ABANDONED  
AREA 5,170 SQ. FT.

LOT 8  
ZIMMERMAN  
PROPERTY  
PLAT No.  
8278  
ZONED:  
RR-DEO



T.M. 45, PAR.  
11  
WOODALL  
L. 7644, F. 591  
ZONED: RCDEO

# 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 #: 120664 Account #: 1933  
Reference: Carin Custom Homes Company: Fogles Well Pump/Water Treatment  
Location: 12404 Hill Crest Requested By: Dave Fogle  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 3/26/2018 1130 Site: Kitchen Sink  
Date/Time Rec'd: 3/26/2018 1525 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.9  
Collected By: A. Berchock 1233AB Well #: HO-15-0307

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/27/2018 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/27/2018 / 1030 / CRS
Nitrate	<1.0	mg/L	10	601	3/27/2018 / 0845 / CRS
Turbidity	0.70	NTU	<10	SM20 2130B	3/27/2018 / 0915 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/27/2018 / 0915 / CRS

### 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : 17001507

Date Reported: 3/27/2018