



|            |      |                                |   |   |
|------------|------|--------------------------------|---|---|
| <b>B 1</b> | 7478 | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br>PERMIT TO DRILL WELL<br>please print or type | STATE PERMIT NUMBER<br><b>40-94-1013</b><br><small>fill in this form completely</small> |
|------------|------|--------------------------------|---|---|

**OWNER INFORMATION**

Date Received (APA) **120996**

**15** Last Name **Lager** **Owner** First Name **MICHAEL**

**36** Street or RFD **11914 Queen St**

**57** Town **FULTON** **70** State **72** **Zip** **20759**

**B 3** **LOCATION OF WELL**

**1** COUNTY **HOWARD**

**21** SUBDIVISION **EASTERN VIEW**

SECTION **44** LOT **A**

**52** NEAREST TOWN **FULTON**

MILES FROM TOWN (enter 0 if in town) **2** **M**

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Driller's Name **Joseph L. Mayne** **77** License No. **04**

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy Md. 21771**

Signature **Joseph L. Mayne** Date **12/6/96**

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**11** NEAR WHAT ROAD **Janney Ct.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**34** DISTANCE FROM ROAD **300** **37**

ENTER FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**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** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

**P** PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

**T** TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**HOWARD CO.** **A 49993U**

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT \$ \_\_\_\_\_

DATE ISSUED **12/18/96** **J.M. Miller** **12/18/96**

43 NORTH GRID **486000** 48 CO SIGNATURE \_\_\_\_\_ 55 EAST GRID **0822000** 57 EXP. DATE \_\_\_\_\_ 63

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**METHOD OF DRILLING (circle one)**

**BORED** (or Augered)  **JETTED**  **Jettied & DRIVEN**

**AIR-ROTARY**  **AIR-PERCUSSION**  **ROTARY (Hydraulic Rotary)**

**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

**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) \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**E** **8202**

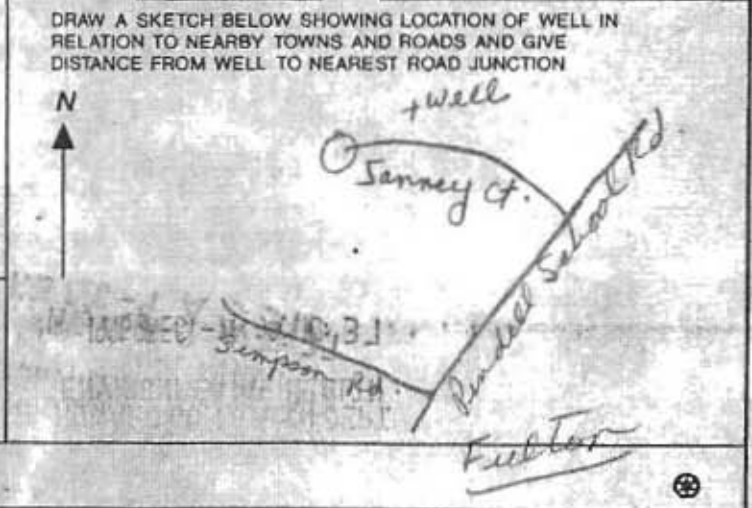
**N** **486**

000 000

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER **GAP**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-1013**





FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1013  
 Location of property (road) Jarney Ct  
 Subdivision Easternview Lot PPA Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Michael Fager

Depth of well 365'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 26'

I. High rate pumping -- reservoir drawdown

Time pump started 7:25 Pumping rate 20gpm  
 Total time 30 min to reach pumping water level 207 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill 5 gallon bucket | FLOW METER READING (if used)  | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|---|--------------------------------------|
| 7:40                          | 137                    | 3 sec                                     |   | 20gpm                                |
| 7:55                          | 207                    | 3   |   | 20                                   |
| 8:10                          | 206                    | 9   |   | 6.5                                  |
| 8:25                          | 206                    | 9   |   | ↓                                    |
| 8:40                          | 206                    | 9   |   |                                      |
| 8:55                          | 206                    | 9   |   |                                      |
| 9:10                          | 206                    | 9   |   |                                      |
| 9:25                          | 206                    | 9   |   |                                      |
| 9:40                          | 206                    | 9   |   |                                      |
| 9:55                          | 206                    | 9   |   |                                      |
| 10:10                         | 206                    | 9   |   |                                      |
| 10:25                         | 206                    | 9   |   |                                      |
| 10:45                         | 206                    | 9   |   |                                      |
| 10:55                         | 206                    | 9   |   | 6.5                                  |
|                               |                        |   | 1-27/7 68' casing per driller<br>63' open per driller<br>20' bags of grout per driller<br>no sample taken<br>location OK 1CM/GS |                                      |



**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: Allied \_\_\_\_\_

(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 - 94 - 1013  
Site Address: 11710 Janney Ct.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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, 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

**Piping to house**

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

**House Connection**

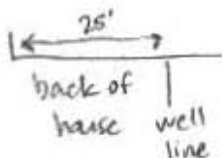
PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

**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: 1/25/10 Date Insp. Approved: 1/25/10 Inspector: SC  
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



free chlorine 1-10 ppm Acceptable

combined chlorine max 0.2 ppm

chlorine in drinking water: 0.2-1 ppm

**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: Allied Well Drilling Telephone #: 301-776-8370  
Address: PO Box 129  
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): William Guizzardi License# MSD233

**\*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: Henry + Cynthia Bell Telephone #: \_\_\_\_\_  
Subdivision: Eastern View Lot #: PARA Well Tag #: HO - - -  
Site Address: 11710 Jenney Court  
Clarksville MD 21029

| <u>Submersible Pump Data</u>   | <u>Pitless Adapter</u>                                | <u>Well Cap and Electric Conduit</u>                             |
|--|---|--|
| Make: <u>Franklin</u>  | Make: <u>Campbell</u>                                 | Two piece watertight cap: <input checked="" type="checkbox"/>    |
| Model #: <u>7SR1554</u>  | Model#: <u>2010 20.0</u>                              | Screened, vented well cap: _____                                 |
| Pump Capacity <u>5</u> GPM   | Depth: <u>36</u> (36" min)                            | Cap secured to casing: <input checked="" type="checkbox"/>       |
| Well Yield: <u>6.5</u> GPM   | NSF/WSC approved: <input checked="" type="checkbox"/> | Conduit min 18" B.G.: <input checked="" type="checkbox"/>        |
| Depth of well encountered at time of pump installation: <u>36.5</u> (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, 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>NA</u> |   |  |

| <u>Piping to house</u>                    | <u>House Connection</u>   |
|---|---|
| Type: <u>HDPB</u>                         | PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>200</u> (160 psi min)             | Length of sleeve (5' minimum from foundation): <input checked="" type="checkbox"/>      |
| Depth of supply line: <u>36</u> (36" min) | Sleeve 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 \_\_\_\_\_ date 1/26/18

**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 \_\_\_\_\_

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 16, 2018**

May 16, 2018

Homeowner  
11710 Janney Court  
Clarksville, MD 21029

**RE: Eastern View, P. A**  
**11710 Janney Court**  
**Building Permit: B17001764**  
**Well Permit: HO-94-1013**

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 1/9/2018. Final approval of the well line connection to the dwelling was granted on 1/25/2018. The well construction was completed on 1/27/1997. Water samples were collected on 4/26/2018, 5/1/2018, 5/2/2018.

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-94-1013. 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,

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

# 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

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Project  
Date Received 4/26/2018  
Date Reported 4/30/2018

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.*

Sample No: 160597-01      Sampled: 4/26/2018 10:52:0      Sampler: BEdwards7618BE (Exp. 5/18/2019)  
Location: 11710 Janey Court      Preservation: Ice  
Clarksville, MD 21029      Sample Point: Bathroom / Kitchen

| Parameter               | Method       | Result       | Qualifiers  | Units     | RL    | Test Date  | Analyst  |
|-------------------------|--------------|--------------|-------------|-----------|-------|------------|----------|
| Bacteria-Total Coliform | Colitag Test | Present/Fail |             | Per/100ml | 1     | 04/26/2018 | CT-106   |
| Bacteria-E.coli         | Colitag Test | Absent/Pass  |             | Per/100ml | 1     | 04/26/2018 | CT-106   |
| Iron, Total             | SM 3500 D    | 1.04         | X-Secondary | mg/l      | 0.05  | 04/27/2018 | DB-139   |
| Turbidity               | EPA 180.1    | 5            |             | NTU       | 0.5   | 04/27/2018 | RM-139   |
| Nitrate + Nitrite as N  | EPA 353.2    | Not Detected |             | mg/l      | 1     | 04/27/2018 | DB-139   |
| Lead, Total             | SM 3113B     | Not Detected |             | mg/l      | 0.005 | 04/28/2018 | DB-139   |
| pH                      | Field        | 6.1          | X           | pH Units  | 1     | 04/26/2018 | Samp-ler |

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

X A result qualified with an "X" DOES NOT meet EPA Drinking Water Standards. EPA has Primary Standards (health related, enforceable) and Secondary Standards (non-health related, non-enforceable). Refer to page two of this report, the case narrative, to see if the parameter with an "X" is a "Primary" or a "Secondary". The narrative is available online at [www.MyWaterTesting.com](http://www.MyWaterTesting.com) under documents. We can only discuss these results with the person or Company that this report is address to.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality  
Laboratory # 106

State Certified Water Quality  
Laboratory # 139

## Certificate of Analysis

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Project  
Date Received 5/1/2018  
Date Reported 5/3/2018

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.*

---

Sample No: 160740-01                      Sampled: 5/1/2018 11:40:00                      Sampler: BEdwards7618BE (Exp. 5/18/2019)  
Location: 11710 Janney Court                      Preservation: Ice  
                    Clarksville, MD 21029                      Sample Point: Bathroom

| Parameter               | Method       | Result      | Qualifiers | Units     | RL | Test Date  | Analyst |
|-------------------------|--------------|-------------|------------|-----------|----|------------|---------|
| Bacteria-Total Coliform | Colitag Test | Absent/Pass |            | Per/100ml | 1  | 05/01/2018 | CT-106  |
| Bacteria-E.coli         | Colitag Test | Absent/Pass |            | Per/100ml | 1  | 05/01/2018 | CT-106  |

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

---

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY

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

WALDORF  
410-224-4304 FAX 4

160777 Date Due:  
Client: Hague Quality Water  
Project:

Company Name, Address Phone & Fax

Hague Water of MD

Testing Address

1770 Janney Ct  
STREET  
Clarksville MD 21029  
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 May 21 8 Time 1050 Well Tag #:

Collectors Name: Bruce Saunders Certification # 761355 Expires 5/19

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

pH: 6.1 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: 1st Floor Bathroom Sink Chemicals: Lead:

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

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

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

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions:

Released By: [Signature] Date: 5/21/08 Time 1157 Received By:

Released By: Date: Time 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.

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: [Signature] Date: 5/21/08 Time 1130

**ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY**

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

WALDORF  
410-224-4304 F. Project



160597 Date Due: 5/1/201  
Client: Hague Quality Water

**Company Name, Address Phone & Fax**

Hague Quality Water of MD

**Testing Address**

11710 Janney Ct  
STREET  
Cockeville MD 37029  
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 April 26 18 Time 1052 Well Tag #: \_\_\_\_\_

Collectors Name: Brian Edwards Certification # 7618 RP Expires 05/17

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

pH: 6.1 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: 1st A Main Bath Sulf Chemicals: Kitchen Sink Lead: Kitchen Sink

**Bacteriological Test**  Next Day 11:30  Next Day 3:30  2 Day  
**FULL Chemical Analysis** (Iron, Nitrite/Nitrate, Turbidity, Lead)  Next Day  2 Day  3 Day  
**BASIC Chemical Analysis** (Iron, Nitrite/Nitrate, Turbidity)  Next Day  2 Day  3 Day  
 Lead  Arsenic  Next Day  2 Day  3 Day  
 Cadmium  2 Day  4 Day  6 Day  
**Radium Gross Alpha**  One Week  2 Week

**Special Instructions :** \_\_\_\_\_

Released By: [Signature] Date: 4/26/18 Time 255 Received By: \_\_\_\_\_

Released By: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ 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.

**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: [Signature] Date: 4/26/18 Time 1505

**ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CU**

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

WALDORF  
410-224-4304 F/

160740 Date Due: 5/3/201  
Client: Hague Quality Water  
Project

**Company Name, Address Phone & Fax**

Hague Water of Maryland

**Testing Address**

11710 Jancy Ct  
STREET  
Clarksville MD 21029  
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 May 1 2018 Time 11:40 Well Tag #: \_\_\_\_\_

Collectors Name: Brian Sanders Certification # 76125 Expires 05/10

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

pH: \_\_\_\_\_ 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: 1st Floor South Side Chemicals: \_\_\_\_\_ Lead: \_\_\_\_\_

Bacteriological Test  Next Day 11:30  Next Day 3:30  2 Day  
 FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead)  Next Day  2 Day  3 Day  
 BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity)  Next Day  2 Day  3 Day  
 Lead  Arsenic  Next Day  2 Day  3 Day  
 Cadmium  2 Day  4 Day  6 Day  
 Radium Gross Alpha  One Week  2 Week

**Special Instructions :** \_\_\_\_\_

Released By: [Signature] Date: May 18 Time 12:23 Received By: \_\_\_\_\_

Released By: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ 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.

**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: [Signature] Date: 5/1/18 Time 12:20



**Oswald, Hank**

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**From:** Oswald, Hank  
**Sent:** Tuesday, April 10, 2018 2:22 PM  
**To:** 'jmcdonough@Keswickhome.com'  
**Subject:** List of certified water testing laboratories  
**Attachments:** Certified Water Testing Laboratories (2).pdf

Hello:

Attached, please find a list of certified water testing laboratories.

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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JMcDonough@Keswick  
hames.com  
703-926-6751

### Certified Water Testing Laboratories

| <u>Lab Name</u>   | <u>Location</u>                                       | <u>Phone</u> |
|---|---|--------------|
| Caswell Testing & Water Systems, LLC<br><a href="http://www.caswelltesting.com/">http://www.caswelltesting.com/</a>           | 3515 North Furnace Road<br>Jarrettsville, MD 21084    | 410-557-9355 |
| Community Environmental Laboratories, Inc.<br><a href="http://www.watertestinglabs.com/">http://www.watertestinglabs.com/</a> | 1202 Technology Dr, Ste F<br>Aberdeen, MD 21001       | 410-273-7600 |
| Enviro-Chem Laboratories, Inc.<br><a href="http://www.enviro-chem.net/">http://www.enviro-chem.net/</a>                       | 47 Loveton Circle, Ste K<br>Sparks, MD 21152          | 410-472-1112 |
| Fountain Valley Analytical Laboratory, Inc.<br><a href="http://www.fval.com/">http://www.fval.com/</a>                        | 1413 Old Taneytown Road<br>Westminster, MD 21158      | 410-848-1014 |
| Fredericktowne Labs, Inc.<br><a href="http://www.fredericktownelabs.com/">http://www.fredericktownelabs.com/</a>              | 3020 Ventrue Court<br>Myersville, MD 21778            | 301-293-3340 |
| Martel Laboratories JDS, Inc.<br><a href="http://www.martellabs.com/">http://www.martellabs.com/</a>                          | 1025 Cromwell Bridge Road<br>Baltimore, MD 21286-3390 | 410-825-7790 |
| Microbac Laboratories, Inc.<br><a href="http://www.microbac.com/">http://www.microbac.com/</a>                                | 2101 Van Deman Street<br>Baltimore, MD 21224-6697     | 410-633-1800 |