

C1 24112 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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 06 24 13

DATE WELL COMPLETED MM DD YY 03 28 13

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2491

OWNER Land Design + Development WELL SITE ADDRESS Lane Kila RD TOWN Fulton SUBDIVISION Dustin 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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include SOIL CLAY, Brown Shale, MED GRAY Schist, Well # 1, 600' Dry (backf. kd)

GRROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 38 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70 Total depth of main casing (nearest foot) 38

OTHER CASING (if used) diameter inch depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES Y NO 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 MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D 0660 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

Table with columns: T, A, C, H, S, R, E, N and rows for depth intervals (1-8, 9-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 3.5 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 17 34 20 WHEN PUMPING 22 235 25 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 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

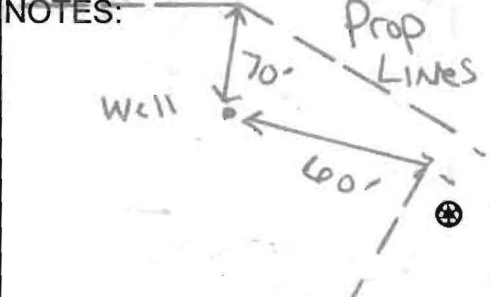
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 49 50 51

LATITUDE 39.14943 LONGITUDE 76.92866 (DEFAULT COORD. WGS 84)



B 1	<u>23806</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER <u>H0-95-2491</u>
1 2 3 4 5 6			please type <u>54USS1-A</u>	70 <u>fill in this form completely</u> 79

OWNER INFORMATION

Date Received (APA) 02/27/13

8 MM DD YY 13

15 Last Name Land Design + Development Owner First Name 34

36 Street or RFD 5300 Dorsey Hall Dr. Suite 102 55

57 Town Ellicott City MD 70 State 72 Zip 21043 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Dustow Property 42

SECTION 44 46 LOT 6 48 50

52 NEAREST TOWN Fulton 71

DRILLER INFORMATION

Driller's Name Michael Barlow MWD 355 76 License No. 81

Firm Name Barlow Well Drilling

Address 522 Underground Lane 21014

Signature [Signature] Date 2/26/13

SOURCES OF DRILLING WATER

1. Well

2.

3.

11 STREET ADDRESS Lime Kiln Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 800 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 46 BLK: 1 PARCEL 103

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

14 20

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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A522884 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____

DATE ISSUED 03/11/2013 41

43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 3/11/13

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEM AN EXISTING WELL

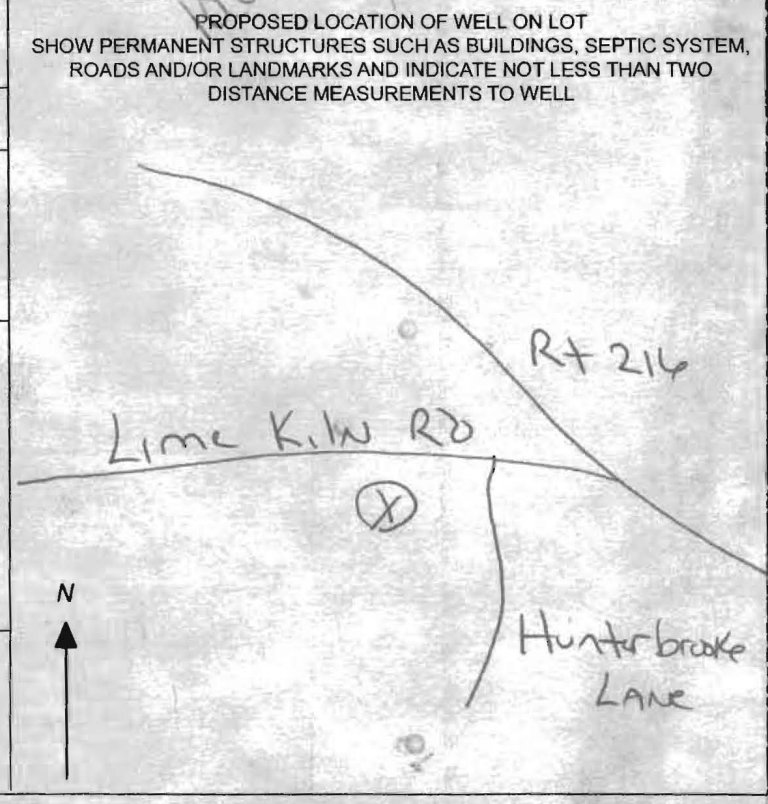
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. H0-95-2491

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	March 27, 2013
Well Depth:	400 feet
Customer: Ellicott City Landholding	Permit #: HO-95-2491
Road: Lime Kiln Road	Subdivision: Dustin Property
City: Fulton	Section: 6
State: Maryland	Lot #: 6

235
324

201 x 145

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:00 AM	34	4	15.00
8:15 AM	98	4	15.00
8:30 AM	179	5	12.00
8:45 AM	207	10	6.00
9:00 AM	221	15	4.00
9:15 AM	235	17	3.53
9:30 AM	235	17	3.53
9:45 AM	235	17	3.53
10:00 AM	235	17	3.53
10:15 AM	235	17	3.53
10:30 AM	235	17	3.53
10:45 AM	235	17	3.53
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1:15 PM	235	17	3.53
1:30 PM	235	17	3.53
1:45 PM	235	17	3.53
2:00 PM	235	17	3.53
2:15 PM	235	17	3.53
2:30 PM	235	17	3.53
2:45 PM	235	17	3.53
3:00 PM	235	17	3.53

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

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: R. H. Plumbing, Inc. Telephone #: 410-259-5910
Address: 470 Dotsie Dr.
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Keith Hundertmark License# 8300

*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: AMODA B.HIDE Telephone #: 410-977-8927
Subdivision: DUSTINS Golden Fields Lot #: 6 Well Tag #: HO 96-2491 ✓
Site Address: 8029 KAYLADINE LANE
FULTON, MD 20759

Submersible Pump Data

Make: Goulds
Model #: 5GS10422C
Pump Capacity: 5 GPM
Well Yield: 3.53 GPM

Pitless Adapter

Make: American
Model #: PT 800
Depth: 42" (36" min)
NSF approved: yes

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: 100 (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: Polyethylene 1/2" IPS PE3408
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: ✓ yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Keith Hundertmark Signature of company representative responsible for installation
6-18-18 date

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

Date Insp. Requested: 8/1/18 Date Insp. Approved: 8/6/18 (KMW)
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 ✓



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – ARPIL 15, 2019

October 15, 2018

Homeowner
8029 Kayladine Lane
Fulton, MD 20759

**RE: Dustin Golden Est., lot 6
8029 Kayladine Lane
Building Permit: B18000283
Well Permit: HO-95-2491**

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 **8/14/2018**. Final approval of the well line connection to the dwelling was granted on **8/6/2018**. The well construction was completed on **3/28/2013**. Water samples were collected on **9/13/2018, 9/17/2018, 9/27/2018, 10/5/2018**.

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-95-2491. 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>



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1.866.313.6300 - Toll Free

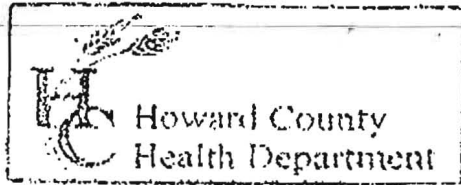
Maura J. Rossman, M.D., Health Officer

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



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

TO ALL INTERESTED PARTIES

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

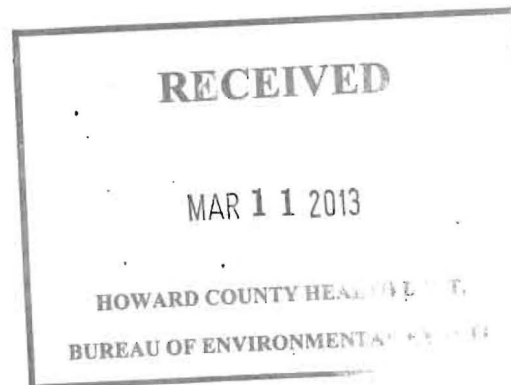
Dustin Property Lots 5, 6, 7, 8 + 9

The well site has been staked by Fisher Collins + Carter
 (professional land surveyor or company employing professional land surveyors)
 on 2/27/13 (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 6/10/03





Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 10632 - 5-2

Field Record

Site visit performed on: Monday, September 17, 2018 12:30 PM
 by: Jessica Ahrweiler State ID No. 1012JA
 Affiliation: Fredericktowne Labs
 Property Owner: Carrigan Homes, Inc.
 Property Address: 8029 Kaylaydine Lane
 Fulton, MD 20759
 Sample Source: 1st Floor Powder Room Sink
 Treatment Devices Noted: Filter
 Sample taken after treatment: Yes
 Well No.: HO-95-2491
 Field pH: 5.5
 Free Res. Cl.: <0.1 mg/l
 Temp: 16° C

Laboratory Report

Sample Received at laboratory: 9/17/2018 3:05 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>		
>200	<1	09/17/18	15:32	09/18/18	09:47	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**

Reported by: Cathy Phelps 9/18/18
 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



Certificate of Analysis

Acct. No. 10632 - 5-1

Field Record

Site visit performed on: Thursday, September 13, 2018 1:00 PM
 by: Ronald Demory State ID No. 8072RD
 Affiliation: Fredericktowne Labs, Inc.

Property Owner: Carrigan Homes, Inc.

Property Address: 8029 Kaylaydine Lane
 Fulton, MD 20759

Sample Source: 1st Floor Powder Room Sink

Treatment Devices Noted: No Treatment Devices

Well No.: HO-95-2491

Field pH: 6.6

Free Res. Cl.: 0.99 mg/l

Laboratory Report

Sample Received at laboratory: 9/13/2018 3:30 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	1.2	mg/l	10	9/13/2018	300.0	PH
Sand	<2	mg/l	5	9/13/2018	0.065mmFilter	JD
Turbidity	2.9	NTU'	<10	9/14/2018	180.1	PH

Reported by: Custey Propp 10/8/18
 Name Date

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www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 10632 - 5-2

Field Record

Site visit performed on: Monday, September 17, 2018 12:30 PM
by: Jessica Ahrweiler State ID No. 1012JA
Affiliation: Fredericktowne Labs
Property Owner: Carrigan Homes, Inc.
Property Address: 8029 Kaylaydine Lane
Fulton, MD 20759
Sample Source: 1st Floor Powder Room Sink
Treatment Devices Noted: Filter
Sample taken after treatment: Yes
Well No.: HO-95-2491
Field pH: 5.5
Free Res. Cl.: <0.1 mg/l
Temp: 16° C

Laboratory Report

Sample Received at laboratory: 9/17/2018 3:05 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>		
>200	<1	09/17/18	15:32	09/18/18	09:47	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**

Reported by: Curtis Phelps 9/18/18
Name Date

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Certificate of Analysis

Acct. No. 10632 - 5-3

Field Record

Site visit performed on: Thursday, September 27, 2018 9:04 AM
 by: Kathy Hefner State ID No. 5263KH
 Affiliation: Fredericktowne Labs, Inc.

Property Owner: Carrigan Homes, Inc.
 Property Address: 8029 Kaylaydine Lane
 Fulton, MD 20759

Sample Source: 1st Floor Powder Room Sink

Treatment Devices Noted: Filter

Well No.: HO-95-2491

Field pH: 6.7

Free Res. Cl.: <0.1 mg/l

Temp: 15.2° C

Laboratory Report

Sample Received at laboratory: 9/27/2018 11:36 AM

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>		
19	<1	09/27/18	13:28	09/28/18	07:46	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

Reported by: Eden Mullett 9/27/18
 Name Date

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 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158



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ENVIRONMENTAL TESTING

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Certificate of Analysis

Acct. No. 10632 - 5-4

Field Record

Site visit performed on: Friday, October 05, 2018 1:26 PM
 by: Daniel Staley State ID No. 7408DS
 Affiliation: Fredericktowne Labs, Inc.

Property Owner: Carrigan Homes, Inc.
 Property Address: 8029 Kaylaydine Lane
 Fulton, MD 20759

Sample Source: 1st Floor Powder Room Sink

Treatment Devices Noted: Filter offline

Sample taken after treatment: No

Well No.: HO-95-2491

Field pH: 6.5

Free Res. Cl.: <0.1 mg/l

Temp: 16.8° C

Laboratory Report

Sample Received at laboratory: 10/5/2018 3:58 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>		
<1	<1	10/05/18	16:33	10/06/18	10:37	9223B	KB

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

Reported by: Curtis Phelps 10/8/18
 Name Date

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 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158



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Certificate of Analysis

Acct. No. 10632 - 5-4

Field Record

Site visit performed on: Friday, October 05, 2018 1:26 PM
 by: Daniel Staley State ID No. 7408DS
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: Carrigan Homes, Inc.
 Property Address: 8029 Kaylaydine Lane
 Fulton, MD 20759
 Sample Source: 1st Floor Powder Room Sink
 Treatment Devices Noted: Filter offline
 Sample taken after treatment: No
 Well No.: HO-95-2491
 Field pH: 6.5
 Free Res. Cl.: <0.1 mg/l
 Temp: 16.8° C

Laboratory Report

Sample Received at laboratory: 10/5/2018 3:58 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	10/05/18	16:33	10/06/18	10:37	9223B	KB

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

Done after "super chlorination"
(KMP)

Reported by: Curtis Phelps 10/8/18
 Name Date

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 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
 DW
 8/28/13

DATE WELL ABANDONED: 3/28/13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

Ho - 95 - 2491

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Michael Barlow

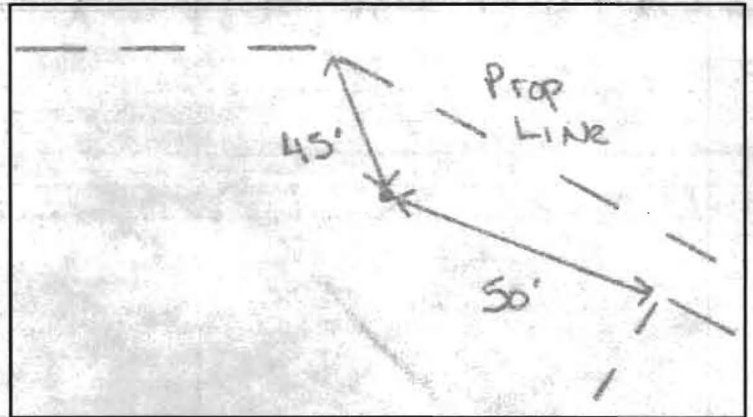
WELL DRILLERS LICENSE NUMBER: 355

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Land Design + Development

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 46 BLOCK 1 PARCEL 103
 SUBDIVISION: Dustin Property
 SECTION: _____ LOT: 6
 NEAREST ROAD: Lime Kiln Rd



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) NONE - Dry hole

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 600 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Drill Cuttings	600	40
Portland Cement	40	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____

LICENSE # 355

MWD/MSD/MGD

8/7/13

CIRCLE ONE

DATE

