

1 52484 SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 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 XIII

ST/CO USE ONLY
DATE RECEIVED
MM 10 DD 25 YR 17

DATE WELL COMPLETED
MM 08 DD 23 YR 17

Depth of Well
355 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 17-0128

OWNER Heritage Land Development
WELL SITE ADDRESS DAISY ROAD TOWN Lisbon
SUBDIVISION Linden Grove SECTION 1 LOT 1

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	
SOIL	0	5	
Brown Shale	5	30	
Tan Shale	30	55	
Brown Shale	35	82	
MED GRAI Rock	82	125	
SOFT GRAI Rock	125	170	✓
HARD GRAY Rock	170	355	✓
		140	✓
		306	✓

GROUTING RECORD yes no
WELL HAS BEEN GROUTED Well Y N
(Circle Appropriate Box) Grout 44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 35 NO. OF POUNDS 2025
GALLONS OF WATER 175
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 85 ft.
(enter 0 if from surface)

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) 6 Total depth of main casing (nearest foot) 85

OTHER CASING (if used)

diameter depth (feet)
PL 4 1/2 80 180

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

DEPTH (nearest ft.)

HO 85 355

E 1 8 9 11 15 17 21
C 2 23 24 28 30 32 36
S 38 39 41 45 47 51
R
E
E SLOT SIZE 1 2 3
N

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

C 3

PUMPING TEST 3

HOURS PUMPED (nearest hour) 4.0

PUMPING RATE (gal. per min.) 11 15
METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 ft.
WHEN PUMPING 170 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 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 1 (nearest foot)

LATITUDE 39.32739
LONGITUDE 77.06232
(DEFAULT COORD. WGS 84)

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.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
WRP 113
LIC. NO. D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

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

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

1 **58644** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-17-0128**
 2 3 6 **360915** please type **70** fill in this form completely **79**

OWNER INFORMATION
 Date Received (APA) **04/04/17**
 8 MM DD YY 13
 15 Last Name **Heritage Land Development** Owner First Name 34
 36 Street or RFD **P O Box 482** 55
 57 Town **Lisbon** MD 70 State 72 Zip **21765** 76

LOCATION OF WELL
 B 3
 8 COUNTY **Howard** 21
 23 SUBDIVISION **LINDEN GROVE** 42
 SECTION **44** 45 LOT **1** 48 50
 52 NEAREST TOWN **Lisbon** 71

DRILLER INFORMATION
 76 Driller's Name **Michael Barlow** MW 0355 License No. 81
 Firm Name **Barlow Well Drilling**
 Address **522 Underwood Lane 2104**
 Signature **[Signature]** Date **3/28/17**

SOURCES OF DRILLING WATER
 B 4
 11 STREET ADDRESS **DAISY ROAD** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] SOUTH [] WEST [] EAST []
 34 **300** 37 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: **8** BLK: **7** PARCEL **5**

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 22 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

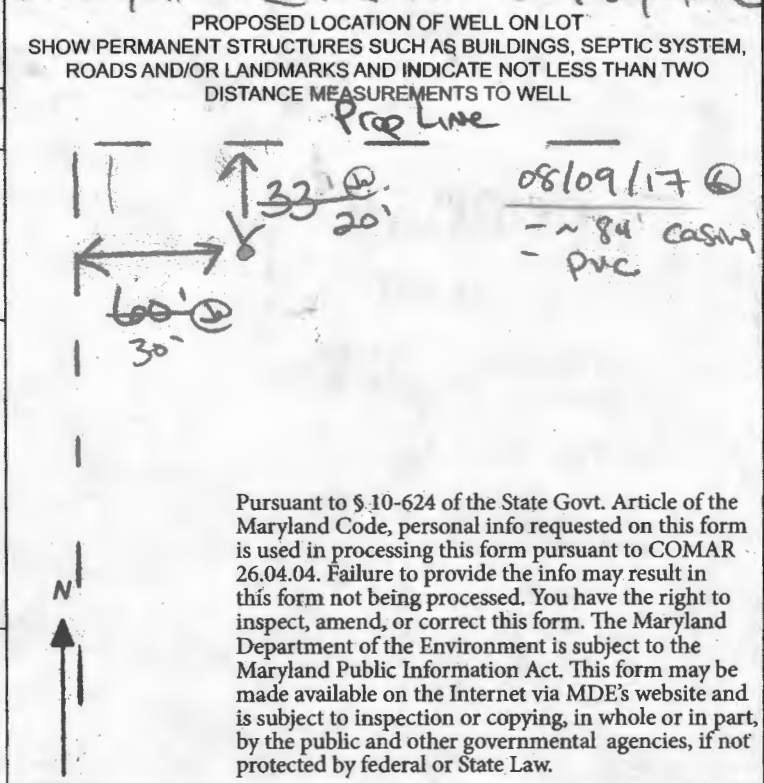
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **05/01/17** CO SIGNATURE **[Signature]** EXP. DATE **05/01/18**
 43 MM DD YY 48

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

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 39 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 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 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. **HO-17-0128**
 70 71 72 73 74 75 76 77 78 79



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**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)513-1771 FAX: (410)513-2648**

Information Form for the Installation of the Well Pump, Pileless Adapter, and Specialty 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: Coaks 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): David C Fogle License # MSD226

*A licensed individual must be on form for 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: Tall Brothers Telephone #: _____
Subdivision: Linden Grove Lot #: 1 Well Tag #: HO-17-0128 (S)
Site Address: 15605 Linden Grove Lane
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISS60T-180</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>3/4" (35 mm)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>4</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>355 feet</u>		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.3.4		
Temperature struts, cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to break rope adapter or other acceptable method inside of well casing: <u>NA</u>		

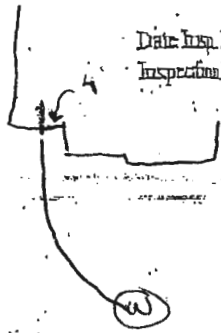
<u>Fixture in house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000 psi min</u>	Length of sleeve: minimum from foundation: <u>6'</u>
Depth of supply line: <u>3/4" (35 mm)</u>	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least six 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): David Fogle date: 12/12/2019

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

Date Insp Requested: 12/13/19 Date Insp Approved: 2/28/20 Inspector: ES
Inspection Date: Pileless adapter watertight & water supply line at least 36" below grade 37"
Two piece cap installed and attached to casing securely: ✓
Elec. conduit extends at least 18" below grade/attached to cap properly: ✓ 33"
Safety rope not outside of well cap casing: ✓
Correct well tag attached properly and casing 8" above finished grade: X 8"-7" - recheck for final grade
Water supply line sleeved adequately at house connection: ✓ 2/27/20 Well cap flush with grade (S)
Adequate grout observed below pileless adapter: ✓ 2/28/20 Well cap 14" above grade (S)





MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed: August 23, 2017

Well Depth: 355 feet

Customer Heritage Land Development
Road Daisy Road
City Lisbon
State Maryland

Permit # HO-17-0128
Subdivision Linden Grove
Section _____
Lot # 1

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	30	6	10.00
9:15 AM	125	8	7.50
9:30 AM	170	15	4.00
9:45 AM	170	15	4.00
10:00 AM	170	15	4.00
10:15 AM	170	15	4.00
10:30 AM	170	15	4.00
10:45 AM	170	15	4.00
11:00 AM	170	15	4.00
11:15 AM	170	15	4.00
11:30 AM	170	15	4.00
11:45 AM	170	15	4.00
12:00 PM	170	15	4.00
12:15 PM	170	15	4.00
12:30 PM	170	15	4.00

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.

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 4, 2021

March 4th 2020

Homeowner
15605 Linden Grove Lane
Woodbine, MD 21797

RE: Linden Grove, Lot #3
15605 Linden Grove Lane
Building Permit: B19002516
Well Permit: HO-17-0128

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 **2/27/20**. Final approval of the well line connection to the dwelling was granted on **2/28/20**. The well construction was completed on **8/23/17**. Water samples were collected on **02/17/20** and **2/20/20**.

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-17-0128. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

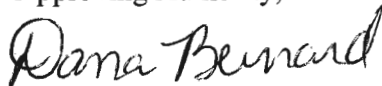
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your septic 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.

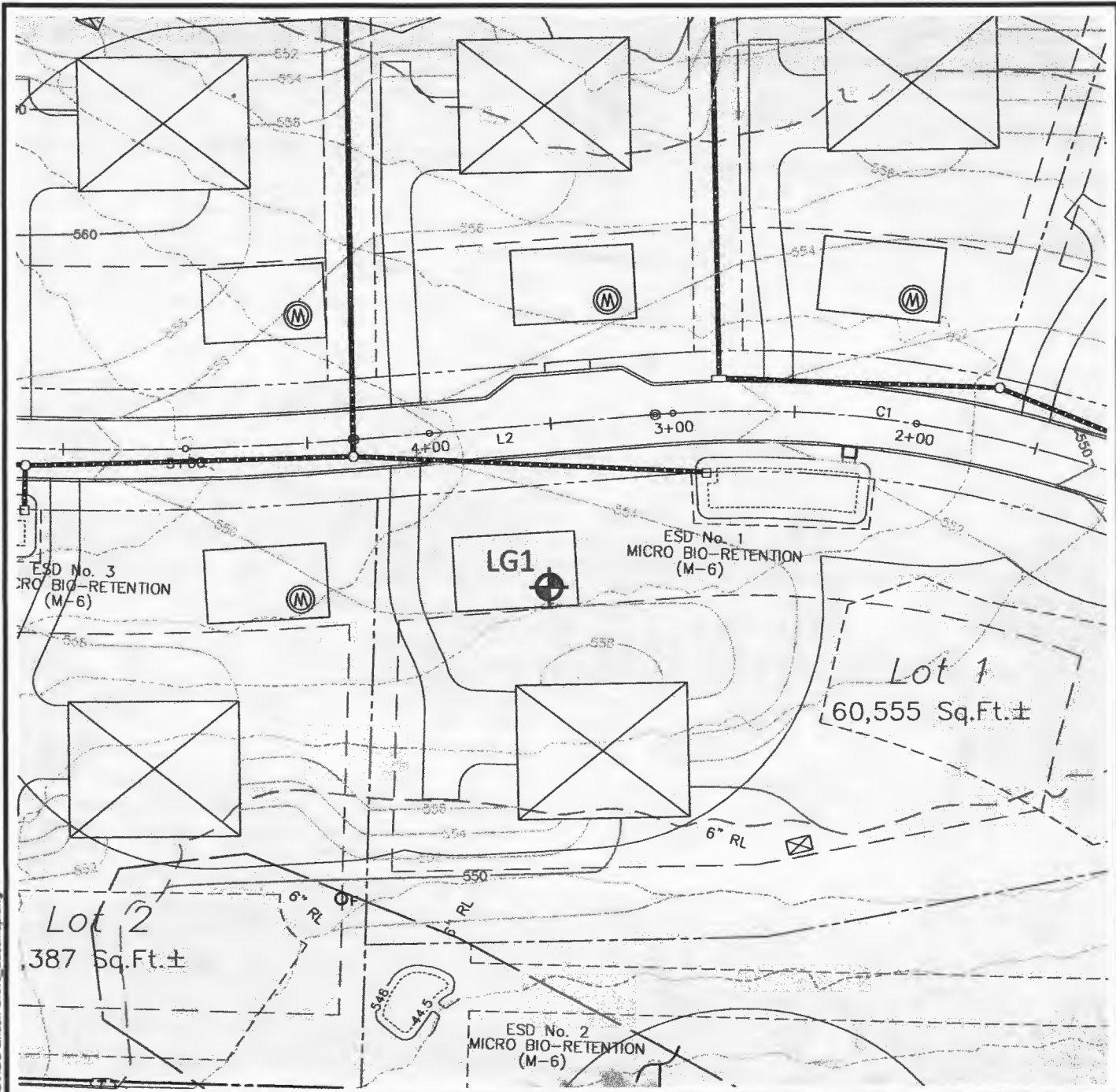
Approving Authority,



Dana Bernard, REHS
Well & Septic Program

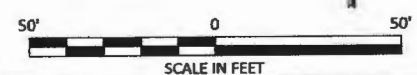
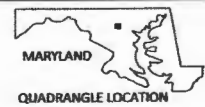
cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

H:\Projects\Heritage Land Development\Linden Grove\CADD\HDC-Linden-Grove_Basemap.dwg




LEGEND

 Proposed Test Well Site

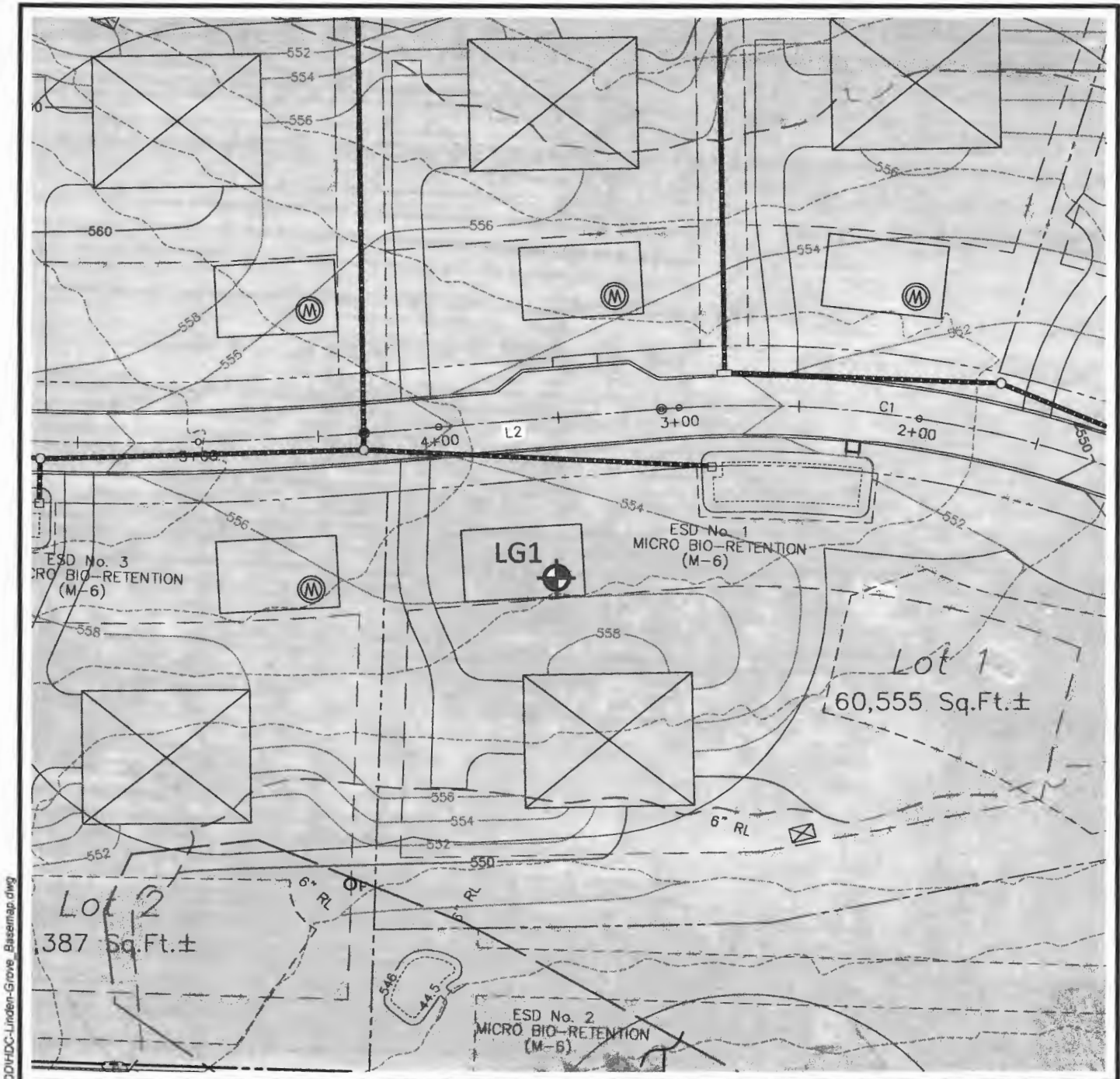


NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

Client: Heritage Development, LLC	
Project Location: Lisbon, Howard County, Maryland	
Project: Linden Grove Water Supply Permitting Proposed Test Well LG1 Location Map	
File no: HDC-Linden-Grove_Basemap.dwg	Figure: a
Drawn: M. Storum date: 03/07/17	
Checked: J. Lindsay date: 03/07/17	
Approved: M. Haufler date: 03/07/17	
www.hydro-terra.com	

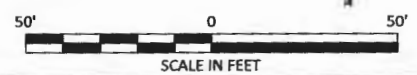
Plotted on: March 23, 2017



H:\Projects\Heritage Land Development\Linden Grove\CADD\HDC-Linden-Grove_BaseMap.dwg


LEGEND

 Proposed Test Well Site



NOTE:

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<p>Client: Heritage Development, LLC</p>			
<p>Project Location: Lisbon, Howard County, Maryland</p>			
		<p>Project: Linden Grove Water Supply Permitting Proposed Test Well LG1 Location Map</p>	
<p>File no: HDC-Linden-Grove_BaseMap.dwg</p>			
<p>Drawn: M. Swann</p>	<p>Date: 03/07/17</p>	<p>Figure: a</p>	
<p>Checked: J. Lendaw</p>	<p>Date: 03/07/17</p>		
<p>Approved: M. Hanfler</p>	<p>Date: 03/07/17</p>		
<p>www.hydro-terra.com</p>			

Lisbon Estates

STATE OF MARYLAND WELL INSPECTION SHEET

DATE: 08/09/2017

COUNTY: Howard

WELL TAG #: Lot 1 (Test well) Ho-17-028

ONSITE START TIME: 10:15

END OF INSPECTION TIME:

LATITUDE/LONGITUDE:

COPY OF PERMIT ONSITE: Y N

WELL DRILLING PERSONNEL:

Charlie +1

GOVERNMENT PERSONNEL:

Cabangu

OTHERS:

CONSTRUCTION

LOCATION CONSISTENT WITH PLAN: Y N

CHLORINE PRESENT IN MAKE UP WATER: Y N

BIT/STABILIZER SIZE: 10" Roller PENETRATION RATE: DNI

NOTES:

08/09/2017 (D)

- Call Boris to camera test well
- Drilled ~ 85'
- Using PVC casing

6-1/4" ID Silverline PVC-1120
 SDR-27.6 Well casing
 IC-2 impact class 300 ft-lb @ 32°F
 ASTM F-480 NSF-WC
 SL-H 15 NC 04/21/17 16:15 made in USA

CASING/SCREEN

LENGTH/SIZE/ASTM# OF CASING SET: 6.25" ID

LENGTH/SIZE/ASTM# OF LINER:

SCREEN LENGTH/SLOT SIZE/ASTM#: —

DEPTH SET: ~ 85'

NOTES:

Casing spec noted in construction setting

GROUTING

TREMIE LENGTH: TREMIE DIAMETER: PRODUCT USED: B C BAG WEIGHT:

MAKE UP WATER pH: THERMALLY ENHANCED: Y N TYPE/WEIGHT OF ADDITIVE:

GALLONS OF WATER USED PER BAG: MUD WEIGHT AT START:

MUD WEIGHT AT END: NUMBER OF BAGS USED:

NOTES:

WELL DEVELOPMENT/YIELD/REWORKING

METHODS USED: S SB J OP C DURATION: FINAL STATIC & YIELD:

HYDROFRACTURED: Y N SINGLE OR ZONE PACKER: S Z DEPTH OF PACKER SETS:

TOTAL GALLONS OF WATER USED: ESTIMATED YIELD OF FLOW BACK:

DEVELOPMENT NOTES:

UPPER TERMINAL/PUMP INSTALLATION

GROUT PRESENT IN ANNULAR SPACE: Y N PUMP IDENTIFICATION:

DROP PIPE DESCRIPTION: DEPTH/LOCATION OF CHECK VALVES:

PITLESS, CONDUIT PIPE & WATER SERVICE LINE DEPTH: SAFETY ROPE: Y N

ELECTRICAL CABLE DESCRIPTION: PROPER CAP & STICK UP: Y N

STATIC WATER LEVEL: PUMP SET DEPTH: TAG ON WELL: Y N

GENERAL NOTES

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

Howard County Health Dept
8930 Stanford Blvd
Columbia, MD 21046
Attn: Kevin Wolf

June 11, 2018

Re: Linden Grove

Mr. Wolf,

Our firm drilled test wells on lots 1, 2, 3, 30, 36 & 37 at Linden Grove last year for testing required as part of the GAP process. Heritage Land Development would now like to convert those lots to production wells. This letter serves as a formal request for those conversions. Please advise me if permit fees were paid when we applied for the permits or if they are due to your office.



Michael Barlow
MWD355



HOWARD COUNTY HEALTH DEPARTMENT

63027

Received From

Kimberly Heritage DATE 6/11/18 MWS
PHONE # _____

For

Well Completion Reports -
lot 1, 2, 3, 30, 36, 37 Linden Grove

CASH
 CHECK

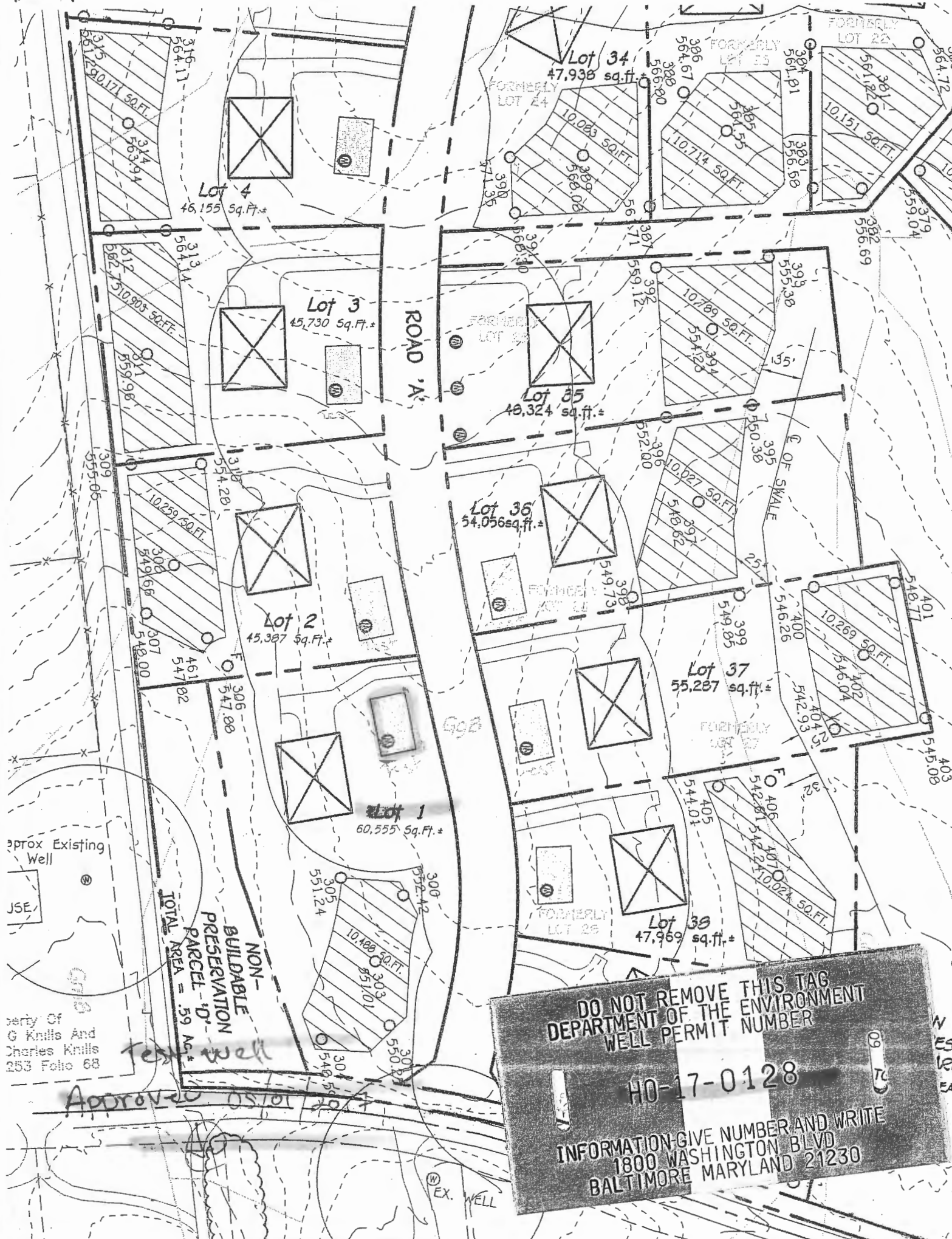
NO.

1099 Three hundred sixty Dollars

\$ 960.00

Received By

King



Approx Existing Well
 JSE
 Party Of
 G Knills And
 Charles Knills
 253 Folio 68

NON-BUILDABLE PRESERVATION PARCEL - .59 AC.±

Test well

Approved 05/01/2014

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HO-17-0128
 INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

N B
 ESE
 RC
 EA

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 #: 135729 Account #: 1933
Reference: Linden Grove Lot 1 Company: Fogles Well Pump & Treatment
Location: 15605 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 2/17/2020 1230 Site: Second Level Bathroom Sink
Date/Time Rec'd: 2/17/2020 1337 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Evans 0309JE Well #: HO-17-0128

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/18/2020 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/18/2020 / 0830 / CRS
Iron	<u>0.37</u>	mg/L	0.3*	FR, 45 (126)	2/18/2020 / 1055 / CRS
Nitrate	1.04	mg/L	10	601	2/18/2020 / 0915 / CRS
Turbidity	<u>65.0</u>	NTU	<10	SM20 2130B	2/18/2020 / 0950 / CRS
Sand	<u>Present</u>	mg/L	5	Visual/Gravimetric	2/18/2020 / 1110 / RER

*Need test for Iron removal
Reduction for Turbidity & Sand*

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Present for sand indicates greater than 5 mg/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND = None Detected
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 10 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B19002516

Date Reported: 2/18/2020

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 #: 135821 Account #: 1933
Reference: Linden Grove Lot 1 Company: Fogles Well Pump & Treatment
Location: 15605 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 2/20/2020 1209 Site: Upstairs Bathroom Sink
Date/Time Rec'd: 2/20/2020 1330 Treatment: Softener/Filter
Chlorine ppm: Free: ND Total: ND pH: 8.6
Collected By: B. Wilkerson 9315BW Well #: HO-17-0128

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	3.59 ✓	NTU	<10	SM20 2130B	2/21/2020 / 1040 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	2/21/2020 / 1040 / CRS
Iron	0.04 ✓	mg/L	0.3*	FR, 45 (126)	2/20/2020 / 1440 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B19002516

Date Reported: 2/24/2020