

C 1 55777 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED 09/03/19

DATE WELL COMPLETED 07/29/19

Depth of Well 560 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0032

OWNER ELM STREET DEVELOPMENT WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON SUBDIVISION STAMPEN/DEVAULT SECTION LOT 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for SOIL, TAN MUD/GRAVEL, GRAY MICA SCHIST, SOFT MICA SCHIST, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (22), NO. OF POUNDS (1100), DEPTH OF GROUT SEAL (0 to 58 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (60). OTHER CASING (if used) section.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (57, 58, 560).

PUMPING TEST: HOURS PUMPED (7 HRS 15 MIN), PUMPING RATE (3 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (WATER & BUCKET), WATER LEVEL (distance from land surface) BEFORE PUMPING (4 ft), WHEN PUMPING (375 ft).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft).

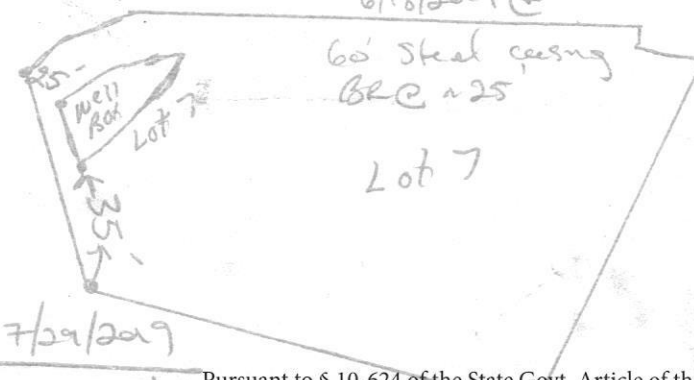
NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DRILLERS LIC. NO. 1 MWD 5976, DRILLERS SIGNATURE, LIC. NO. 1 D.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.227287, LONGITUDE 76.999913 (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.

TAG = 7/29/2019

B 1	SEQUENCE NO. (MDE USE ONLY) 54067	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-18-0032 <small>fill in this form completely</small>				
Date Received (APA) 03/05/19 8 MM DD YY 13		B 3 LOCATION OF WELL					
OWNER INFORMATION		8 COUNTY HOWARD 21					
15 Last Name ELM STREET DEVELOPMENT Owner First Name 34		23 SUBDIVISION SIMRSON/DENAULT 42					
36 Street or RFD 5704 DORSEY HALL ROAD 55		SECTION 44 46 LOT 7 48 50					
57 Town ELLCOT CITY MD 70 State 72 Zip 21042 76		52 NEAREST TOWN DAYTON 71					
DRILLER INFORMATION		B 4 SOURCES OF DRILLING WATER					
Driller's Name RANDALL L. ALEXANDER M WD 576 76 License No. 81		1. WELL WATER 11 STREET ADDRESS GREEN BRIDGE RD 30					
Firm Name ALEXANDER'S WELL DRILLING		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)					
Address 126 W. MAIN ST. PO BOX 443 FAIRFELD PA 17320		<table border="1" style="margin: auto;"> <tr><td>NORTH</td></tr> <tr><td><input checked="" type="checkbox"/> WEST</td><td><input type="checkbox"/> EAST</td></tr> <tr><td><input type="checkbox"/> SOUTH</td></tr> </table>		NORTH	<input checked="" type="checkbox"/> WEST	<input type="checkbox"/> EAST	<input type="checkbox"/> SOUTH
NORTH							
<input checked="" type="checkbox"/> WEST	<input type="checkbox"/> EAST						
<input type="checkbox"/> SOUTH							
Signature Randall Alexander Date 2/12/19		34 DISTANCE FROM ROAD 600 37 FT					
B 2 WELL INFORMATION		ENTER FT OR MI 38 39					
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12		TAX MAP: 27 BLK: _____ PARCEL 34-36 98					
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <hr/> HOWARD COUNTY NAME COUNTY NO. 21 STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 04/23/2019 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE <small>FORM 6/18/2017 DEC. 6/18/2019 DAY: 7/29/2019</small>					
USE FOR WATER (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 500 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 6/18/2019 @ 					
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH							
METHOD OF DRILLING (circle one)							
BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jetted & DRIVEN							
30 AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/>							
37 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>							
other _____							
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		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.					
<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 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 HO2017G001							
PERMIT No. HO-18-0032 70 71 72 73 74 75 76 77 78 79							
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. SEE ATTACHED MEMO							

39.227287
 76.999913

Review CABALHUG
9/20/2019

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0032

Location of property (road) GREEN DRIDGE RD. DAYTON MD.

Subdivision SIMPSON/DENAVLT

Lot 7 Block _____ Plat _____ Sec. _____

Well Driller ALEXANDERS WELL DRILLING

Owner ELM STREET DEVELOPMENT

Depth of well 560 FT.

Distance of measuring point (M.P.) above ground 2 FT.

Static water level (S.W.L.) below M.P. 4 FT.

TEST PUMP DEPTH 400 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 AM

Pumping rate 12 G.P.M

Total time 1 HOUR to reach pumping water level 375 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 1 time to fill X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15 AM	375 FT.	20 SEC		3 G.P.M
8:30	375	20		3
8:45	375	20		3
9:00	375	20		3
9:15	375	20		3
9:30	375	20		3
9:45	375	20		3
10:00	375	20		3
10:15	375	20		3
10:30	375	20		3
10:45	375	20		3
11:00	375	20		3
11:15	375	20		3
11:30	375	20		3
11:45	375	20		3
12:00 PM	375	20		3
12:15	375	20		3
12:30	375	20		3
12:45	375	20		3
1:00	375	20		3
1:15	375	20		3
1:30	375	20		3
1:45	375	20		3
2:00	375	20		3
HD-224 2:15	375	20		3
2:30	375	20		3

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

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: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 5676
Address: 580 Obrecht Rd
Sykesville, MD 21781

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 Eagle 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: Tall Brothers Telephone #: _____
Subdivision: Willow Creek Lot #: 7 Well Tag #: HO-18-0032-7
Site Address: 6516 Mare Ct
Dayton, MD 21036

Submersible Pump Data
Make: Boards
Model #: SGS10422
Pump Capacity: 5
Well Yield: 3

Pitless Adapter
Make: Campbell +
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit
Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 560 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Must circle one: Torque arrestors / Cable guards / Other acceptable method used
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house
Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve 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.

Signature of company representative responsible for installation: [Signature] date: 8/19/2021

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

Date Insp. Requested: 8/20/21 Date Insp. Approved: 8/27/21 Inspector: [Signature]
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 29"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 20"
Water supply line sleeved adequately at house connection ✓ 7'
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 9, 2022

December 9, 2021

Homeowner
6516 Mare Court
Dayton, MD 21036

RE: Willowshire, Lot 7
6516 Mare Court
Building Permit: B21000417
Well Permit: HO-18-0032

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 **11/30/2021**. Final approval of the well line connection to the dwelling was granted on **8/23/2021**. The well construction was completed on **7/29/2019**. Water samples were collected on **11/15/2021, 11/23/2021, 12/6/2021**.

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-18-0032. 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 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

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

MEMORANDUM

TO: **Alexander's Well Drilling**
Attn: Randall Alexander MWD 00576
126 W Main Street
P.O. Box 443
Fairfield, PA 17320

FROM: **Joseph Cabahug** *(Signature) 04/24/2019*
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: **Simpson and Denault Well Permit Special Conditions**

DATE: **04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

Note 15(d) Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of **at least 50' below the soil surface** or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

LOT 7 > 1 AC
~~Page 3, Section 15:~~ The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

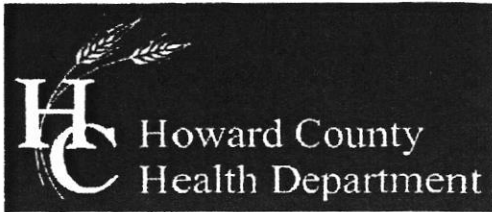
Maura J. Rossman, M.D., Health Officer

Lots that are less than one acre are shown below.

MINIMUM LOT SIZE CHART			
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA
1	54,825		54825
2	59,641		59641
3	55,018		55018
4	41,925		41925
5	40,840		40840
6	55,788		55788
7	55,833		55833
8	45,774		45774
9	42,992		42992
10	44,020		44020
11	42,068		42068
12	40,362		40362
13	41,330		41330
14	56,648	6700	49948
15	40,459		40459
16	49,871		49871
17	40,003		40003
18	40,443		40443
19	40,461		40461
20	40,461		40461
21	40,218		40218
22	54,686		54686
23	55,798		55798
24	44,052	1375	42677
25	41,612	2906	38706
26	48,488	5322	43166
27	46,396		46396
28	40,768		40768
29	44,270		44270
30	44,589		44589
31	46,366		46366
32	49,299		49299
33	47,918		47918
34	52,931		52931
35	54,827	2518	52309
36	44,800	3617	41183
37	55,035	4441	50595
38	33,223	2913	30310
39	31,227		31227
40	35,865		35865
41	40,100		40100
42	34,182		34182
43	41,390		41390
44	41,360		41360
45	45,097		45097
TOTAL AREA	2,043,259 AC.	46.91	S.F.

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Lot #'s 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL C, 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

Well Site Location:

SIMPSON/DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

X The well site has been staked by SHANABERGER & LANE (professional land surveyor or company employing professional land surveyors) on 1/9/19 (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 4/22/14

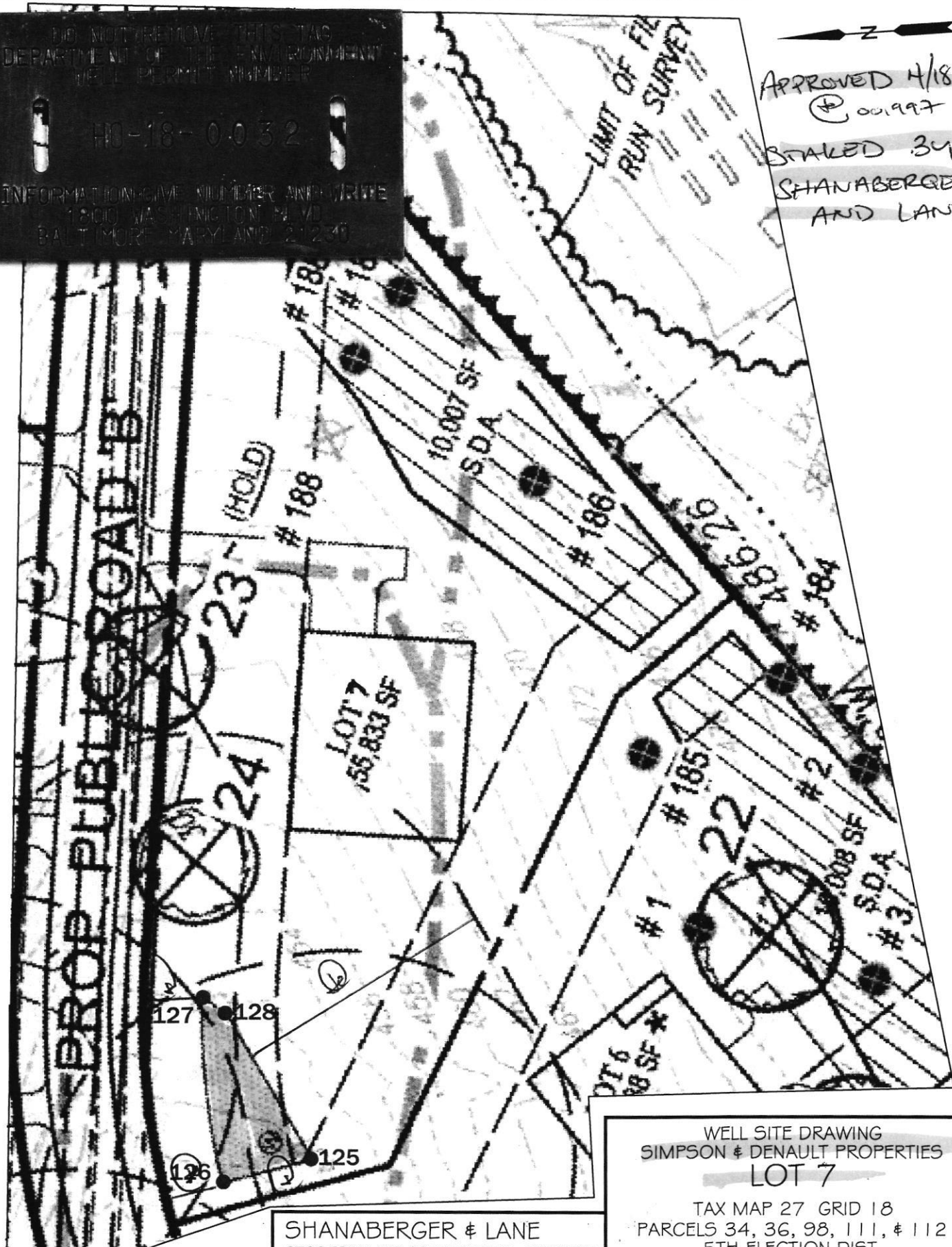


DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
PERMIT NUMBER

HO-18-0032

INFORMATION: GIVE MILLER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE, MARYLAND 21240

APPROVED 4/18/19
Ⓢ 001997
STAKED BY
SHANABERGER
AND LANE



SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD., SUITE 201
ELLCOTT CITY, MD. 21043
(410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING
SIMPSON & DENAULT PROPERTIES
LOT 7
TAX MAP 27 GRID 18
PARCELS 34, 36, 98, 111, & 112
5TH ELECTION DIST.
HOWARD COUNTY, MD.
SCALE: 1"=50' DATE: 2/21/19

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	148781	Account #:	1933
Reference:	Willow Creek Lot 7	Client:	Fogle's Well Pump & Treatment
Location:	6516 Mare Court Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	11/15/2021 1000	Source:	Well Water
Date/Time Rec'd:	11/15/2021 1107	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	T. Cassell 0767TC	pH:	7.0
		Well #:	HO-18-0032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/16/2021 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/16/2021 / 0830 / CRS
Nitrate	<0.30	mg/L	10	Hach 10206	11/16/2021 / 1000 / BCD
Turbidity	65.1	NTU	<10	SM20 2130B	11/16/2021 / 1000 / MEH
Sand	>5	mg/L	5	Visual/Gravimetric	11/16/2021 / 0930 / CRS
Iron	1.10	mg/L	0.3*	FR, 45 (126)	11/16/2021 / 1640 / CRS

NOTES:

- 1 Report Revised to correct spelling of location road name 11/24/21 CH
- 2 *SMCL = Secondary Maximum Contaminant Level
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 5 NTU = Nephelometric Turbidity Units
- 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; N/A: Not Available
- 9 Sample collected by client, analyzed as received
- 10 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B21000417

Date Reported: 11/24/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 148964 Account #: 1933
Reference: Willow Creek Lot 7 Client: Fogle's Well Pump & Treatment
Location: 6516 Mare Court Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 11/23/2021 0800 Site: Kitchen Sink
Date/Time Rec'd: 11/23/2021 0920 Treatment: Multi-Media
Chlorine ppm: Free: 0.13 Total: 0.24 pH: 7.1
Collected By: T. Cassell 0767TC Well #: HO-18-0032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.13	NTU	<10	SM20 2130B	11/24/2021 / 1000 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	11/24/2021 / 1000 / BCD
Iron	0.04	mg/L	0.3*	FR, 45 (126)	11/24/2021 / 1030 / BCD

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B21000417

Date Reported: 11/24/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 149163 Account #: 1933
Reference: Willow Creek Lot 7 Client: Fogle's Well Pump & Treatment
Location: 6516 Mare Court Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 12/6/2021 1000 Site: Pressure Tank
Date/Time Rec'd: 12/6/2021 1200 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: T. Cassell 0767TC Well #: HO-18-0032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2021 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2021 / 0900 / CCH
Sand	ND	mg/L	5	Visual/Gravimetric	12/6/2021 / 1640 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 ND = None Detected
- 3 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B21000417

Date Reported: 12/7/2021



HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/27/19

WS

Received From

Abraham's well Drilling

PHONE # 717-642-5966

CASH
 CHECK

For

Well formats (2) Green Bridge Rd.

NO.

20911

Three thousand three hundred sixty Dollars

\$ 3300.00

Received By

J King