

C1 52488

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

XIII

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY

22 300 26 (TO NEAREST FOOT)

HO-17-0130

OWNER: Heritage Land Development; WELL SITE ADDRESS: Daisy Road; TOWN: Lisbon; SUBDIVISION: Linden Grove; SECTION: ; LOT: 3

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, FEET (FROM, TO), check if water bearing. Rows include SOIL, Brown Shale, Tan Shale, Brown Shale, Med Gray Rock, Soft Gray Rock, Med Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N; TYPE OF GROUTING MATERIAL (Circle one) CM BC; NO. OF BAGS 23; NO. OF POUNDS 1125; GALLONS OF WATER 115; DEPTH OF GROUT SEAL (to nearest foot) from 0 to 62 ft.

CASING RECORD

MAIN CASING TYPE PL; Nominal diameter top (main) casing (nearest inch)! 6; Total depth of main casing (nearest foot) 62; OTHER CASING (if used) PL 4 1/2 30 130

SCREEN RECORD

screen type or open hole ST BR HO; insert appropriate code below PL OT

DEPTH (nearest ft.)

DEPTH (nearest ft.) HO 62 300; SLOT SIZE 1 2 3; DIAMETER OF SCREEN (NEAREST INCH) 56 60

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 8.57; METHOD USED TO MEASURE PUMPING RATE Submersible; WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 130 ft.

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO; TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 LAND SURFACE - below 1 (nearest foot)

LATITUDE 39.32742; LONGITUDE 77.06345 (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.

NUMBER OF UNSUCCESSFUL WELLS: 0

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 M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 WRO 113 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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <u>586481</u>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <u>520595B</u>	STATE PERMIT NUMBER <u>HO-17-0130</u> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 04/04/17  
8 MM DD YY 13

Heritage Land Development  
15 Last Name Owner First Name 34

P.O. Box 482  
36 Street or RFD 55

Libson MD 21765  
57 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

Howard  
8 COUNTY 21

Linden Grove  
23 SUBDIVISION 42

SECTION 3 LOT 3  
44 46 48 50

Libson  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

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

Barlow Well Drilling  
Firm Name

512 Underwood Lane 21014  
Address

[Signature] 3/28/17  
Signature Date

**B 4 SOURCES OF DRILLING WATER**

1. Well  
2.  
3.

Daisy Road  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH

300  
34 DISTANCE FROM ROAD 37 ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 7 PARCEL 5

**B 2 WELL INFORMATION**

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)**

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**

HOWARD 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 05/01/17  
43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 05/01/18

DON: 6/27/17 @ DOG: 6/28/17 @ DAY: 08/23/17

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH 150

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

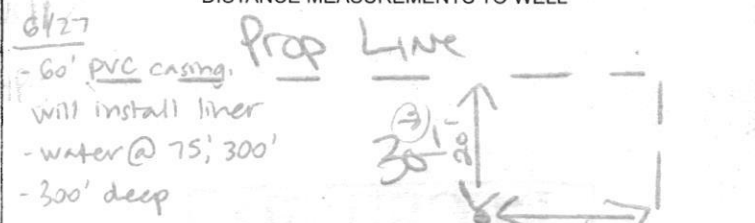
**METHOD OF DRILLING (circle one)**

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)**

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

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.

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

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. HO-17-0130  
70 71 72 73 74 75 76 77 78 79



**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: 300 feet

Customer	Heritage Land Development	Permit #	HO-17-0130
Road	Daisy Road	Subdivision	Linden Grove
City	Lisbon	Section	
State	Maryland	Lot #	3

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	30	4	15.00
9:30 AM	118	5	12.00
9:45 AM	130	7	8.57
10:00 AM	130	7	8.57
10:15 AM	130	7	8.57
10:30 AM	130	7	8.57
10:45 AM	130	7	8.57
11:00 AM	130	7	8.57
11:15 AM	130	7	8.57
11:30 AM	130	7	8.57
11:45 AM	130	7	8.57
12:00 PM	130	7	8.57
12:15 PM	130	7	8.57
12:30 PM	130	7	8.57
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

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: Foaks Well Pump & Water Treatment, LLC Telephone #: 410 745 5100  
Address: 546 Odrecht 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 Foale License #: M55226

\*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: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Linden Grove Lot #: 3 Well Tag #: HO-17-0130 (S)  
Site Address: 15613 Linden Grove Lane  
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos  
Model #: 1550F0718C  
Pump Capacity: 15  
Well Yield: 3.5  
Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Timorell +  
Model #: NA  
GPM Depth: 36" (36" min)  
GPM NSF/WSC approved: Y/S

Well Cap and Electric Conduit

Two piece watertight cap: Y/S  
Screened, vented well cap: Y/S  
Cap secured to casing: Y/S  
Conduit min 18" B.G.: Y/S  
Conduit secured to well cap: Y/S

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: Y/S  
Length of sleeve (5' minimum from foundation): 6'  
Sleeve sealed properly: Y/S

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: 6/15/2021

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

Date Insp. Requested: 6/15/21 Date Insp. Approved: 6/21/21 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

RR (S) 6/21/21  
X ✓ 40"  
X ✓ 21"  
X ✓ 17"  
X ✓  
X ✓  
X ✓  
- Appears that whole well will be buried under final grade - difficult to determine where final grade will actually be.  
recommend → - Extend casing: all for rei (S)

(Revised form 10/24/2018)



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 7, 2022

October 7, 2021

Homeowner  
15613 Linden Grove Lane  
Woodbine, MD 21797

**RE: Linden Grove, Lot 3  
15613 Linden Grove Lane  
Building Permit: B21000049  
Well Permit: HO-17-0130**

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 **7/20/2021**. Final approval of the well line connection to the dwelling was granted on **6/21/2021**. The well construction was completed on **8/23/2017**. Water samples were collected on **9/20/2021, 10/1/2021, 10/4/2021, 10/6/2021**.

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-17-0130. 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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8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
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Maura J. Rossman, M.D., Health Officer

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

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', written in a cursive style.

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

**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 6/11/18 MWS  
PHONE #

CASH  
 CHECK

For

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

NO. 1099

Nine hundred sixty Dollars

\$ 960.00

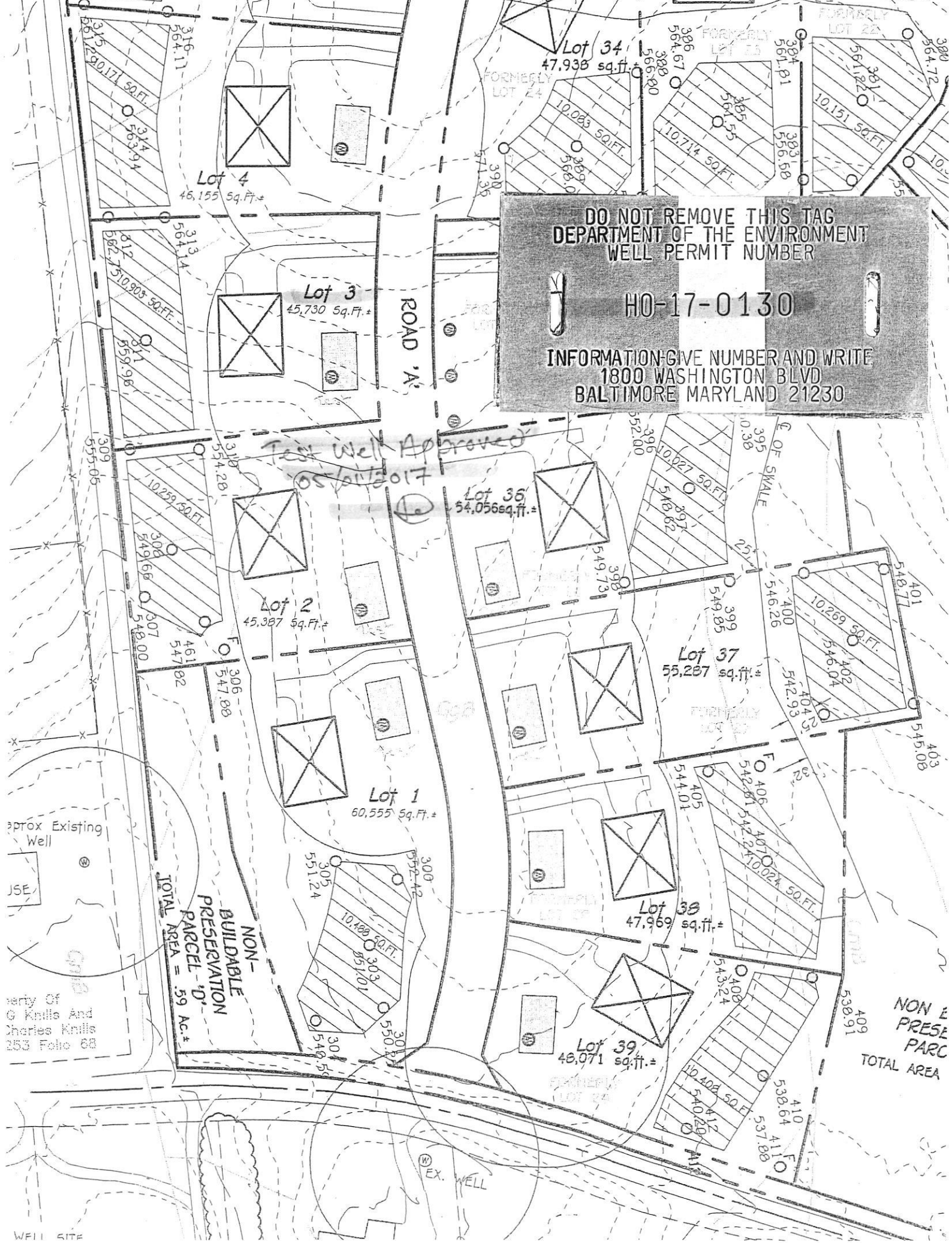
Received By

King

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-17-0130

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230



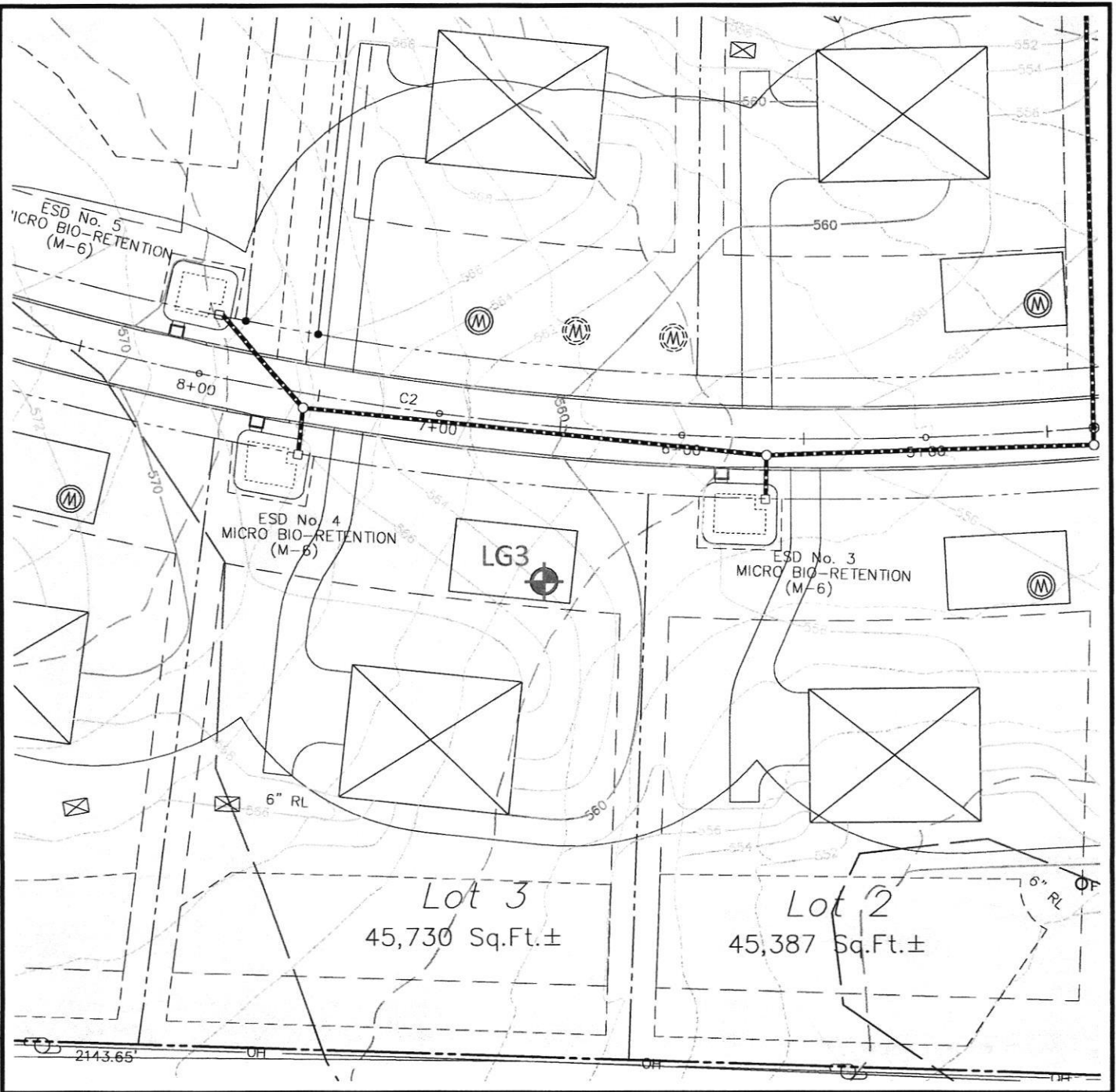
Test Well Approved  
05/01/2017

Approx Existing Well

Survey of G Knolls And Charles Knolls 253 Folio 88

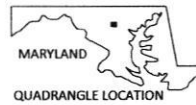
WELL SITE

NON-BUILDABLE PRESERVATION PARCEL TOTAL AREA




**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: <b>Heritage Development, LLC</b>	
Project location: <b>Lisbon, Howard County, Maryland</b>	
 www.hydro-terra.com	Project: <b>Linden Grove</b> <b>Water Supply Permitting</b> <b>Proposed Test Well LG3</b> <b>Location Map</b>
	File no: <b>HDC-Linden-Grove_Basemap.dwg</b>
	Drawn: <b>M. Swazm</b> date: <b>03/07/17</b> Checked: <b>J. Lindaw</b> date: <b>03/07/17</b> Approved: <b>M. Hausler</b> date: <b>03/07/17</b>
	<b>C</b>

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 147353 Account #: 1933  
Reference: Linden Grove Lot 3 Client: Fogle's Well Pump & Treatment  
Location: 15613 Linden Grove Lane Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/20/2021 1000 Site: Pressure Tank  
Date/Time Rec'd: 9/20/2021 1204 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: T. Cassell 0767TC Well #: HO-17-0130

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/21/2021 / 0820 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/21/2021 / 0820 / CRS
Nitrate	6.88	mg/L	10	601	9/21/2021 / 1045 / CRS
Turbidity	0.32	NTU	<10	SM20 2130B	9/20/2021 / 1630 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	9/20/2021 / 1340 / CRS

### NOTES:

- 1 Revised report to reflect correct building permit number 10/4/21 CCH
- 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B2100049

Date Reported: 10/4/2021

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 147755 Account #: 1933  
Reference: Linden Grove Lot 3 Client: Fogle's Well Pump & Treatment  
Location: 15613 Linden Grove Lane Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 10/1/2021 0800 Site: Kitchen Sink  
Date/Time Rec'd: 10/1/2021 1013 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: T. Cassell 0767TC Well #: HO-17-0130

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/2/2021 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/2/2021 / 1030 / CRS
Nitrate	7.17	mg/L	10	601	10/1/2021 / 1030 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	10/1/2021 / 1720 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/1/2021 / 1655 / CRS

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy

**Building Permit # :** B2100049

Date Reported: 10/4/2021

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 147791 Account #: 1933  
Reference: Linden Grove Lot 3 Client: Fogle's Well Pump & Treatment  
Location: 15613 Linden Grove Lane Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 10/4/2021 1200 Site: Kitchen Sink  
Date/Time Rec'd: 10/4/2021 1320 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: T. Cassell 0767TC Well #: HO-17-0130

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	13.7	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2021 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2021 / 0900 / CCH

### NOTES:

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

**Reason for Test :** Use & Occupancy

**Building Permit # :** B2100049

Date Reported: 10/5/2021

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 147879 Account #: 1933  
Reference: Linden Grove Lot 3 Client: Fogle's Well Pump & Treatment  
Location: 15613 Linden Grove Lane Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 10/6/2021 1450 Site: Kitchen Sink  
Date/Time Rec'd: 10/6/2021 1557 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: J. Evans 0309JE Well #: HO-17-0130

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/7/2021 / 1030 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/7/2021 / 1030 / TSD

### NOTES:

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

**Reason for Test :** Use & Occupancy

**Building Permit # :** B2100049

Date Reported: 10/7/2021