

C 1 55769 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.

COUNTY NUMBER XIII

PERMIT NO. FROM "PERMIT TO DRILL WELL"
Ho-18-0036

ST/CO USE ONLY DATE Received 09/03/2019

DATE WELL COMPLETED 07 22 19 (MM DD YY) *APPROVED 9/23/2019*

Depth of Well 500 (TO NEAREST FOOT)

OWNER FLM STREET DEVELOPMENT

WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON

SUBDIVISION SIMPSON/DENAVIT SECTION _____ LOT 10

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	
TAN SOIL	0	1	
TAN MICACEOUS GRUVA	1	35	X
TAN SOFT ROCK	35	45	
GRAY MICACEOUS SCHIST	45	90	
SOFT GRAY SCHIST	90	95	X 1/26 AM
GRAY MICACEOUS SCHIST	95	435	
SOFT GRAY SCHIST	435	440	X
GRAY MICACEOUS SCHIST	440	500	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 9 NO. OF POUNDS 450

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 58 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) 60

OTHER CASING (if used)

EACH CASING diameter depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MWD 576

DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 594

DRILLER [Signature]

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

C 2 DEPTH (nearest ft.)

Ho 58 500

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 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 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN 6 (NEAREST INCH)

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 _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 5

PUMPING RATE (gal. per min.) 4.28

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 272 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 (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 } LAND SURFACE
- below } 2 (nearest foot)

LATITUDE 3 9.227386
 LONGITUDE 7 6.999429
 (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.

TAG: 9/23/2019

B 1	SEQUENCE NO. (MDE USE ONLY) 54084	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 504745-G	STATE PERMIT NUMBER HO-18-0036 fill in this form completely
	1 2 3 6		70 79

OWNER INFORMATION

Date Received (APA) **030519**

8 MM DD YY 13

ELM STREET DEVELOPMENT

15 Last Name Owner First Name 34

5704 DORSEY HALL ROAD

36 Street or RFD 55

ELLCOTT CITY MD. 21042

57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD

8 COUNTY 21

SIMPSON/ DENAULT

23 SUBDIVISION 42

SECTION **10**

44 46 LOT 48 50

DAYTON

52 NEAREST TOWN 71

DRILLER INFORMATION

RANDALL L. ALEXANDER M WD 576

Driller's Name 76 License No. 81

ALEXANDER'S WELL DRILLING

Firm Name

126 W. MAIN ST. P.O. Box 443 FAIRFIELD, PA. 17320

Address

Randall L. Alex **2-12-19**

Signature Date

SOURCES OF DRILLING WATER

1. **WELL WATER**

2.

3.

GREEN BRIDGE RD.

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX **650**

34 **1000** 37

DISTANCE FROM ROAD **FT.**

ENTER FT OR MI 38 39

TAX MAP: **27** BLK: _____ PARCEL **34-36 98**
171-113

WELL INFORMATION

1 2

APPROX. PUMPING RATE **5**

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **400**

(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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 COUNTY NAME **XTTL** COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **04/24/2019**

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

Don: 6/10/2019 Dr: DJU Dr: DJU

APPROXIMATE DEPTH OF WELL **500** 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)

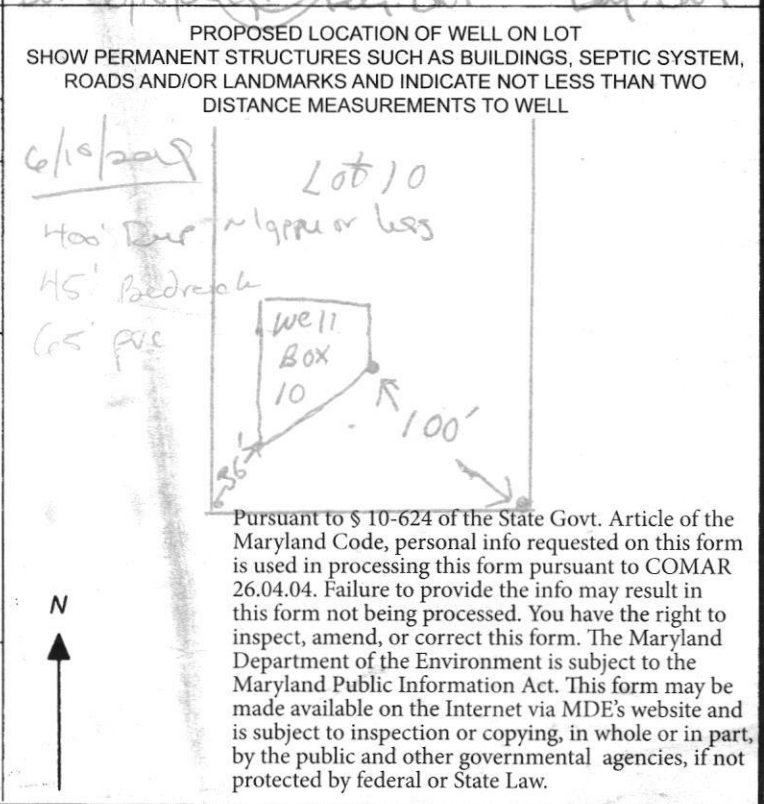
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39 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 **HO2017G001**

PERMIT No. **HO-18-0036**

70 71 72 73 74 75 76 77 78-79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEE ATTACHED MEMO

39.227386
 76.999429

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0036
 Location of property (road) GREEN BRIDGE ROAD DAYTON MD.
 Subdivision SIMPSON/ DENAULT Lot 10 Block Plat Sec.
 Well Driller ALEXANDER'S WELL DRILLING Owner ELM STREET DEVELOPMENT

Depth of well 500 FT.
 Distance of measuring point (M.P.) above ground 2 FT.
 Static water level (S.W.L.) below M.P. 21 FT.

TEST PUMP DEPTH 400 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 AM Pumping rate 12 G.P.M
 Total time 1 HOUR to reach pumping water level 272 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45 AM	272 FT.	14 SEC.		4.28 G.P.M
9:00	272	14		4.28
9:15	272	14		4.28
9:30	272	14		4.28
9:45	272	14		4.28
10:00	272	14		4.28
10:15	272	14		4.28
10:30	272	14		4.28
10:45	272	14		4.28
11:00	272	14		4.28
11:15	272	14		4.28
11:30	272	14		4.28
11:45	272	14		4.28
12:00 PM	272	14		4.28
12:15	272	14		4.28
12:30	272	14		4.28
12:45	272	14		4.28

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:

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

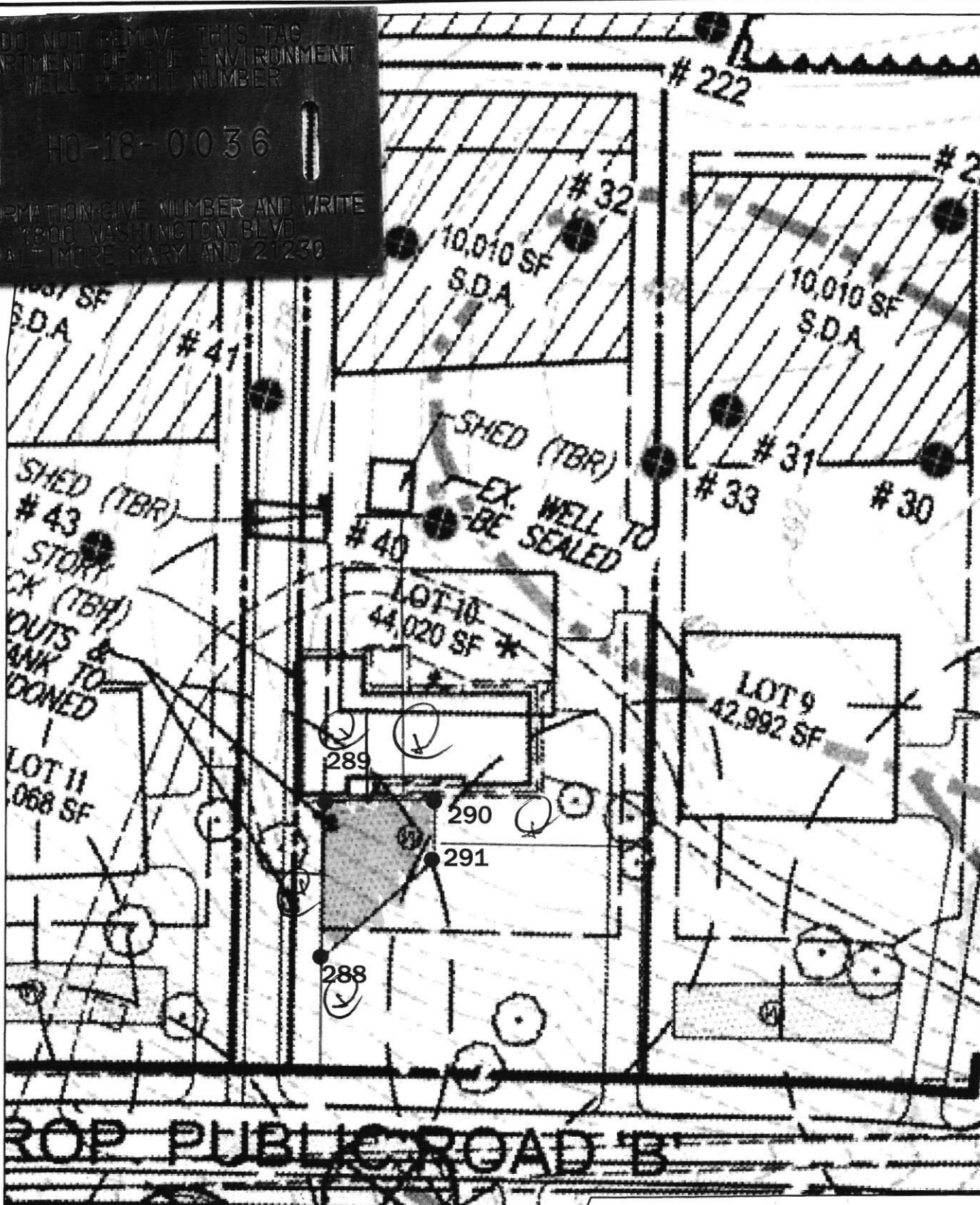
Lots that are less than one acre are shown below.

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

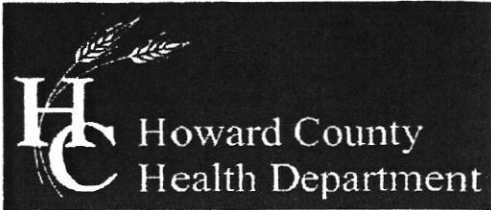
DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 10-18-0036
 INFORMATION: PHONE NUMBER AND WRITE
 1200 WASHINGTON BLVD
 BALTIMORE, MARYLAND 21239



APPROVED 4/24/2019
 @201997
 STAKED BY SHANABERGER & LANE

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

WELL SITE DRAWING
 SIMPSON & DENAULT PROPERTIES
 LOT 10
 TAX MAP 27 GRID 18
 PARCELS 34, 36, 98, 111, & 112
 5TH ELECTION DIST.
 HOWARD COUNTY, MD.
 SCALE: 1"=50' DATE: 2/21/19



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:

2 Stakes
 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

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.





HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/27/19

WS

Received From

Abraham's well Drilling

PHONE # 776-42-5966

CASH

CHECK

NO.

For Well formats (2) Green Bridge Rd.

20911 Three thousand three hundred sixty dollars

\$ 3300.00

Received By J King

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 9670
Address: 5580 Obrecht Rd
Sikeston, MO 27824

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# MS0226

*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: Willow Creek Lot #: 10 Well Tag #: HO-18-0036 SD
Site Address: 6517 mare ct
Dayton, MO 2736

Submersible Pump Data
Make: Grundfos
Model #: ISS0EIS-290
Pump Capacity: 15
Well Yield: 4.7

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: 500 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" pvc pipe
PSI: 200 (150 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): 10'
Sleeve sealed properly: Yes

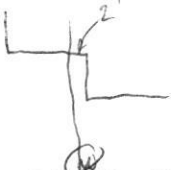
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/9/2021

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

Date Insp. Requested: 11/10/21 Date Insp. Approved: 2/24/22 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

SD
X 29" grade must be raised 7"
✓ 6" from (-Kw)
✓ 18"
✓ 36"
✓ 12"



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 24, 2022

February 24, 2022

Homeowner
6517 Mare Court
Dayton, MD 21036

RE: Willowshire, Lot 10
6517 Mare Court
Building Permit: B21000394
Well Permit: HO-18-0036

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 **2/22/2022**. Final approval of the well line connection to the dwelling was granted on **2/24/2022**. The well construction was completed on **7/22/2019**. Water samples were collected on **2/3/2022, 2/4/2022**.

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-18-0036. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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', is written over a light blue horizontal line.

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150238 Account #: 1933
Reference: Willow Creek Lot 10 Client: Fogle's Well Pump & Treatment
Location: 6517 Mare Court Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 2/3/2022 1215 Site: Pressure Tank
Date/Time Rec'd: 2/3/2022 1504 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Evans 0309JE Well #: HO-18-0036

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2022 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2022 / 0930 / CRS
Nitrate	<0.30	mg/L	10	Hach 10206	2/3/2022 / 1550 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	2/3/2022 / 1540 / TSD
Sand	>5	mg/L	5	Visual/Gravimetric	2/3/2022 / 1550 / TSD

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 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 # : B21000394

Date Reported: 2/4/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	150278	Account #:	1933	
Reference:	Willow Creek Lot 10	Client:	Fogle's Well Pump & Treatment	
Location:	6517 Mare Court	Requested By:	Dave Fogle	
	Dayton, MD 21036	Source:	Well Water	
Date/ Time Collected:	2/4/2022	1230	Site:	Kitchen Sink Tap
Date/Time Rec'd:	2/4/2022	1458	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	6.9
Collected By:	T. Cassell	0767TC	Well #:	HO-18-0036

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	2/4/2022 / 1620 / CRS

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B21000394

Date Reported: 2/7/2022