

C1 34416

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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE WELL COMPLETED

Depth of Well

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

5-4-15

22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 5/27/15 sch 10-15-0018

OWNER: Monroe Thomas km last name first name TOWN: Fulton MD

WELL SITE ADDRESS: 13670 ... SECTION: LOT:

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Fill, Brn Sand clay, Tan Sand clay, Brn Waxy Rock, Rock - Brown, Gray Rock.

NUMBER OF UNSUCCESSFUL WELLS:

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...

DRILLERS LIC. NO. 1 M D 353 DRILLERS SIGNATURE

LIC. NO. 1 JS D 144

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y N), TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS 16, NO. OF POUNDS 1034, GALLONS OF WATER 88, DEPTH OF GROUT SEAL 0 to 41 ft.

CASING RECORD: casing types insert appropriate code below (ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER), MAIN CASING TYPE ST, Nominal diameter top (main) casing 6, Total depth of main casing 41.

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

SCREEN RECORD: screen type or open hole (ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER), insert appropriate code below.

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S, R, E, N. Includes slot size and diameter of screen information.

GRAVEL PACK IF WELL DRILLED IF WELL 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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 12 gal. per min., METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL BEFORE PUMPING 35 ft., WHEN PUMPING 100 ft., TYPE OF PUMP USED (for test) 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, 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, (-) below, LAND SURFACE (nearest foot) 50-51.

LATITUDE 39.15254, LONGITUDE 76.95356 (DEFAULT COORD. WGS 84)

NOTES: well 1 foot

B 1 **36051**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type
355804-A

STATE PERMIT NUMBER
H0-15-0048
fill in this form completely

Date Received (APA) **04/01/15**
OWNER INFORMATION
8 MM DD YY 13
15 Last Name **Monroe** Owner **Thomas + Kim** First Name **Kim** 34
36 Street or RFD **12671 Lime Kiln Road** 55
57 Town **Fulton** MD State **MD** Zip **20759** 76

B 3 LOCATION OF WELL
8 COUNTY **Howard** 21
23 SUBDIVISION _____ 42
SECTION **44** 46 LOT **48** 50
52 NEAREST TOWN **Fulton** 71

DRILLER INFORMATION
Driller's Name **C. John Hess** MW D **5553** 76 License No. 81
Firm Name **Allied Environmental Services**
Address **Po Box 15 Annapolis Junction MD 20701**
Signature **C. John Hess** Date **04/01/15**

B 4 SOURCES OF DRILLING WATER
1. **Public**
2.
3.

12671 Lime Kiln Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **440'** 37 DISTANCE FROM ROAD
ENTER FT OR MI **FT** 38-39
TAX MAP: **0040** BLK: **0023** PARCEL **0214**

B 2 WELL INFORMATION
APPROX. PUMPING RATE **10** 8 12 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED **1,000** 14 20 (GAL. PER DAY)

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

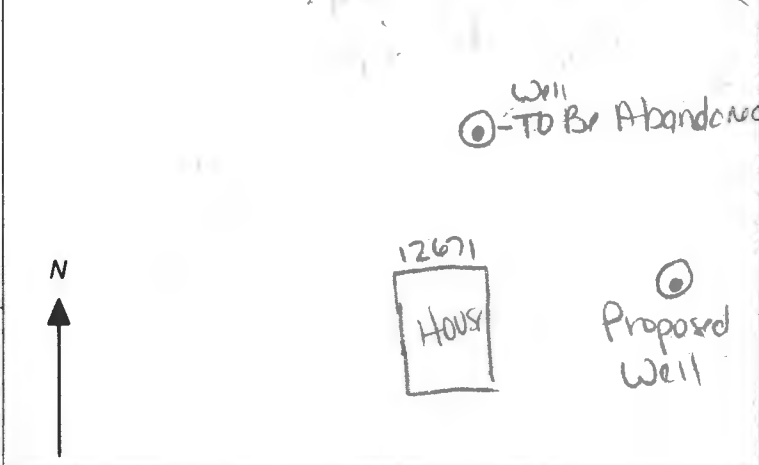
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **Howard** COUNTY NO. **(13) 5450805**
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **4/24/15** CO SIGNATURE **[Signature]** EXP. DATE **4/24/15**
43 MM DD YY 48

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

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
Lime Kiln Road

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
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 DEEPEN 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)
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. **H0-15-0048**
70 71 72 73-74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK
 12/29/15 SC

DATE WELL ABANDONED: 5/15/15 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

H10 - 15 - 0048

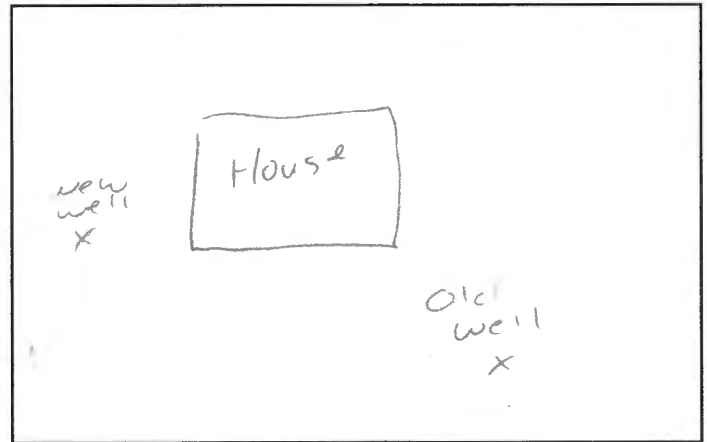
* PERSON ABANDONING WELL: Charles Younblom WELL DRILLER'S LICENSE NUMBER: 326

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Kim Monroe

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 10 BLOCK _____ PARCEL 0044
 SUBDIVISION: 0000
 SECTION: _____ LOT: _____
 STREET ADDRESS: 12671 Lime Kiln Rd



LATITUDE 3 9 . 09 16 1 -

LONGITUDE 7 6 . 53 32 2 -

* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
<u>hole plug Bentonite</u>	<u>35'</u>	<u>3'</u>
<u>gravel +</u>	<u>3'</u>	<u>0'</u>

* TYPE OF CASING:

- STEEL _____ PLASTIC _____
- _____ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 35 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO

If yes, length removed, in feet: 3'

WAS CASING RIPPED OR PERFORATED? _____ YES NO

VOLUME OF MATERIAL USED

10 bags of bentonite
1 bag of gravel

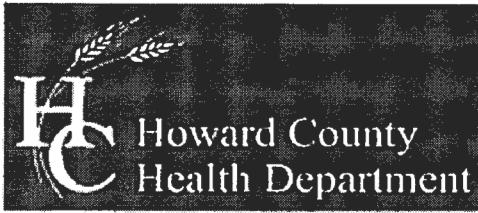
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

MWD / MSD / MGS

CIRCLE ONE

DATE

5-18-15



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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

12665 & 12671 LIME KILN ROAD N/A LIME KILN ROAD
 Subdivision/Property Name Lot # Road Name

The well site, as shown on the attached well site plan, has been staked by

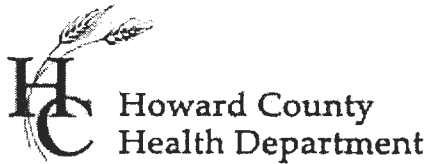
FISHER, COLLINS & CARTER, INC.
 (professional land surveyor or company employing professional land surveyors)

on 4/16/2015
 (date)

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.





Bureau of Environmental Health
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Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

June 18, 2015

Thomas Monroe
12671 LIME KILN ROAD
FULTON, MD 20759

**RE: Replacement Water Sample Results
12671 LIME KILN ROAD**

Dear Mr. Monroe,

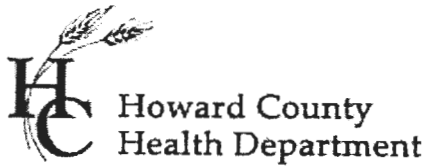
We have received the results from the testing of the water sample(s) taken from the above referenced property on May 26, 2015. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 0.35 parts per million. The MCL for nitrate is 10.0 parts per million.

A sample was collected to determine the **Calcium Hardness** level of your water supply. The Hardness level was 66 ppm. General guidelines for classification of waters are: 0 to 60 ppm is classified as soft; 61 to 120 ppm as moderately hard; 121 to 180 ppm as hard; and more than 180 ppm as very hard.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.



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

In addition, **Sand** within the sample was not visible.

Under COMAR 26.04.04 "Well Regulations", in order to receive your final Certificate of Potability, two (2) consecutive bacteriological tests must be collected (on separate days) and the results must both indicate that the presence of bacteria is absent at that time.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,



Ramar Martin, R.S.
Community Hygiene Program

Enclosures

SEND REPORT TO:

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Howard County Health Department LABORATOIRES ADMINISTRATIION
Bureau of Environmental Health 1770 Ashland Avenue, Baltimore MD 21205
8936 Stanford Blvd. Robert A. Myers, Ph.D., Director

PHONe 410-312-2104 MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Category Code: 4 F Invoice No.: TCU P Lab No.: 31185

FIELD RECORD

Sample Type:

- Community
- Transient
- Non-Transient
- Private
- Repeat Sample
- C.O.P.
- Bottled Water
- OTHER: _____

Source Address: Thomas McNamee 12671 Linn Rd, Ellicott City, MD
 Sampling Site: Bedroom tap water Bottle No.: HC12671
 Iced: Yes No Treated: Yes No County: Howard
 Date Collected: 5/26/15 Time Collected: 11:00 am pm
 Collector Name: Collette S. Kelly Collector ID No.: 3179 BS
 Collector Tel. No.: 410-313-1787 PWS ID No.: _____

Test Requested:

- Quantitative: Colilert®-QT Enterolert®
- P/A: Colilert® Enterolert®
- Multiple Tube Fermentation: MTF MTF (AI Method-Source Waters Only)
- Heterotrophic Plate Count (HPC-Pour Plate Method)
- OTHER: _____

13			
County	Plant No.	Sampling Station	
pH	Res. Cl.	Free	Total
8.9	0.0	0.0	0.0

REMARKS: NO GASES OBSERVED

LABORATORY RECORD (DHMH Use Only)

Test SM 9223 Colilert® SM 9223 Colilert®-QT SM 9223 Colilert®-18
 Method(s): SM 9221 B (MTF) SM 9221 B, E (MTF) SM 9221 E (A1)
 (Check all that apply) SM 9215B (HPC) Enterolert® ASTM D6503-99
 OTHER: _____
 Temperature Control: 2 °C
 Thiosulfate: Present Absent Undetermined

P/A TEST (Colilert®/Enterolert®)

100 mL sample	(+/-)
Total coliforms	
<i>E. coli</i>	
Enterococci	

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100 mL
<input type="checkbox"/> 1:10	Total coliforms	0	<1
<input type="checkbox"/> 1:100	<i>E. coli</i>	0	<1
<input type="checkbox"/> 1:1000	Enterococci		

HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

Plate A: Plate B:
 Incubate 24.48.72 hrs @ 35°C (CFU/ml) =
 Average:

PRESUMPTIVE MTF TEST

mL of Sample	10
Gas/24h	
Gas/48h	

CONFIRMED MTF TEST (MTE/AI Method)

mL of Sample	10	0.1
Total Coliforms		
Fecal Coliforms		
Coliforms		

RESULTS

No. of Positives (+)	MPN/100 mL	Recorded Value

SAMPLE INVALIDATION:

- Sample Rejection
- Laboratory Accident
- Other: _____

RESAMPLE REQUIRED:

YES NO

DATE:

BACTERIOLOGIST: iflora REVIEWED BY/DATE: 9 King 5/29/15

REMARKS: _____ FAX EMAIL PHONE

LABORATORY: CENTRAL (410) 767-6145 ES REGIONAL (410) 219-9005 WMD REGIONAL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



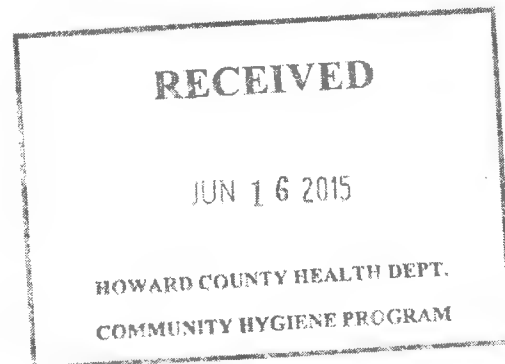
Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE15003656 Date Coll. 05/26/2015 Date Received 05/26/2015 Submitted By: B. Shklyar

Field ID: HC 12671
Lab No.: E15003656001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	0.35	mg N/L	06/01/2015
Total Hardness	EPA 130.1	66	mg Calcium/L	06/04/2015
Turbidity	EPA 180.1	<0.5	NTU	05/27/2015



Comments:

Approved by:

Approval date: 06/05/2015

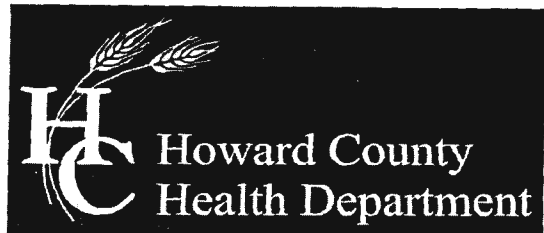
*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt



Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

July 14, 2015

**Thomas and Kim Monroe
12671 Lime Kiln Road
Fulton, MD 20759**

**RE: Replacement Well
12671 Lime Kiln Road
Fulton, MD 20759
Well Permit #HO-15-0048**

Dear Mr. and Mrs. Monroe:

The water sample submitted for testing on **July 6, 2015** was free of **coliform and E.coli bacteria** and was bacteriologically safe for drinking at the time of sampling.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of **COMAR 26.04.04 "Well Regulations"** have been met for the water supply system installed under permit **#HO-15-0048**. The well owner accepts his responsibilities under **COMAR 26.04.04.10**.

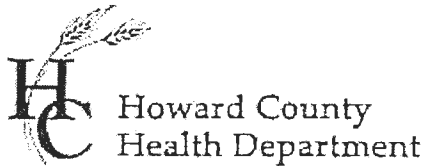
Date of Final Sampling: July 6, 2015

Approving Authority,

**Kathleen Cook, R.S.
Community Hygiene Program**

Water Sample Dates: May 26, 2015 (Bacteria, Nitrate, Turbidity, Sand, Calcium Hardness)

Enclosure



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July 14, 2015

Kim Monroe
12671 LIME KILN ROAD
FULTON, MD 20759

**RE: Replacement Well Water Sample Results
12671 LIME KILN ROAD**

Dear Mr. and Mrs Monroe,

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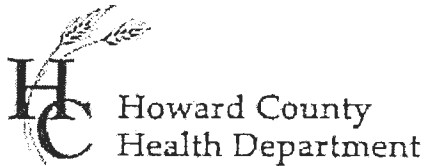
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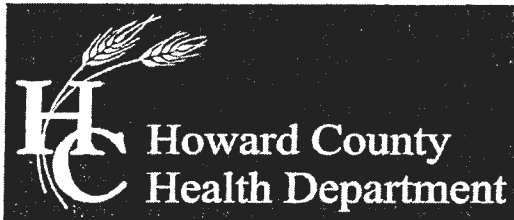
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July 14, 2015

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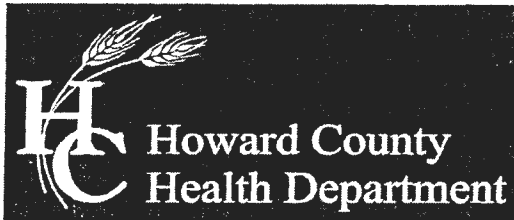
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Water Sample Dates: May 26, 2015 (Bacteria, Nitrate, Turbidity, Sand, Calcium Hardness)

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The water sample submitted for testing on July 6, 2015 was free of coliform and E.coli bacteria and was bacteriologically safe for drinking at the time of sampling.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-15-0048. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Final Sampling: July 6, 2015

Approving Authority,

Kathleen Cook, R.S.
Community Hygiene Program

Water Sample Dates: May 26, 2015 (Bacteria, Nitrate, Turbidity, Sand, Calcium Hardness)

Enclosure

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045
PHONE NO. _____

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
1770 Ashland Avenue, Baltimore MD 21205
Robert A. Myers, Ph.D., Director

MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Category Code: HF Invoice No.: FC10 Lab No.: _____

FIELD RECORD

Sample Type:

- Community
- Transient
- Non-Transient
- Private
- Repeat Sample
- C.O.P.
- Bottled Water
- OTHER: _____

Source Address: Kim Marrow 12671 Lime Kiln Rd Fulton
 Sampling Site: Backyard 2nd floor Bottle No.: 11012671
 Iced: Yes No Treated: Yes No County: Howard
 Date Collected: 7/6/15 Time Collected: 10:00 am pm
 Collector Name: Christina G. Kelly Collector ID No.: 317935
 Collector Tel. No.: 410-313-1777 PWS ID No.: _____

Test Requested:

- Quantitative: Colilert®-QT Enterolert®
- P/A: Colilert® Enterolert®
- Multiple Tube Fermentation: MTF MTF (A1 Method-Source Waters Only)
- Heterotrophic Plate Count (HPC-Pour Plate Method)
- OTHER: _____

1	3								
County		Plant No.				Sampling Station			
pH		Res. Cl.		Free		Total			

REMARKS: _____

LABORATORY RECORD (DHMH Use Only)

Test Method(s): SM 9223 Colilert® SM 9223 Colilert®QT SM 9223 Colilert®-18
 SM 9221 B (MTF) SM 9221 B, E (MTF) SM 9221 E (A1)
 (Check all that apply) SM 9215B (HPC) Enterolert® ASTM D6503-99
 OTHER: _____

Temperature Control: _____ °C
 Thiosulfate: Present Absent Undetermined

P/A TEST (Colilert®/Enterolert®)

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

100 mL sample	(+/-)
Total coliforms	
<i>E. coli</i>	
Enterococci	

Dilution	100 mL sample	# Positive wells	MPN/100 mL
<input type="checkbox"/> 1:10		0	<1
<input type="checkbox"/> 1:100		0	<1
<input type="checkbox"/> 1:1000			

Plate A: Plate B:
 Incubate 24.48.72 hrs @ 35°C (CFU/ml) =
 Average:

PRESUMPTIVE MTF TEST

mL of Sample	10
Gas/24h	
Gas/48h	

CONFIRMED MTF TEST (MTF/A1 Method)

mL of Sample	10	1	0.1
Total Coliforms			
Fecal Coliforms			

RESULTS

No. of Positives (+)	MPN/100 mL	Recorded Value
0		

SAMPLE INVALIDATION:
 Sample Rejection
 Laboratory Accident
 Other: _____

RESAMPLE REQUIRED:
 YES NO

DATE: _____

BACTERIOLOGIST: G. Kelly 7-7-15 REVIEWED BY/DATE: [Signature] 7-8-15

REMARKS: _____ FAX EMAIL PHONE

LABORATORY: CENTRAL (410) 767-6145 ES REGIONAL (410) 219-9005 WMD REGIONAL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.