

C 1 4095 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
9 24 14

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0 - 14 - 0054  
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT 24

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingMICA  
Brown

0 94

Gray  
Limestone

94 176

White

176 177 ✓

Gray  
Limestone

177 190

White

190 191 ✓

Gray

191 304

Limestone

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  
WELLI 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 5 D 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

## 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 40

NO. OF POUNDS 3000

GALLONS OF WATER 240

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 102 ft.  
48 TOP 52 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

CO

9 FEET

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN

CASING

TYPE

ST

Nominal diameter

top (main) casing

(nearest inch)

0 1/2

Total depth

of main casing

(nearest foot)

104

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter

inch

depth (feet)

from

to

screen type  
or open hole

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

PL

OT

PLASTIC

OTHER

(insert  
appropriate  
code  
below)

C 2

DEPTH (nearest ft.)

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

E 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

A 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

C 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

R 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

E 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

N 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 20 2 3

DIAMETER OF SCREEN 4 (NEAREST INCH)

56 60

from to

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)

01

PUMPING RATE (gal. per min.)

4

METHOD USED TO MEASURE PUMPING RATE

1946

WATER LEVEL (distance from land surface)

BEFORE PUMPING 54 ft.

WHEN PUMPING 290 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.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

31 35

PUMP HORSE POWER

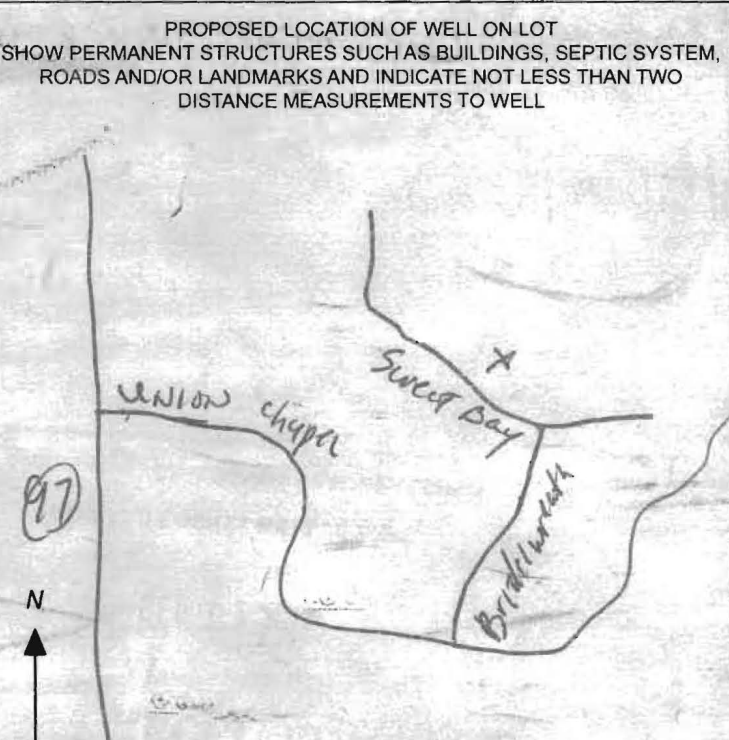
37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)+ above } LAND SURFACE  
- below } 02 (nearest foot)LATITUDE 39.2909241  
LONGITUDE 77.0474777  
(DEFAULT COORD. WGS 84)  
NOTES:

EMERGENCY/TEMP NO. IF ANY

<b>B 1</b> <u>25454</u> <small>1 2 3 6</small>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>554627</u> please type		STATE PERMIT NUMBER <u>140-14-0094</u> <small>70 fill in this form completely 79</small>													
<b>OWNER INFORMATION</b> <small>8 MM DD YY 13</small> <u>09/12/14</u> <u>K. Hovmanian Homes</u> <small>15 Last Name Owner First Name 34</small> <u>1802 Brightseat Rd</u> <small>36 Street or RFD 55</small> <u>Landover md 20785</u> <small>57 Town 70 State 72 Zip 76</small>				<b>LOCATION OF WELL</b> <b>B 3</b> <u>Howard</u> <small>8 COUNTY 21</small> <u>Bell Haven Estates</u> <small>23 SUBDIVISION 42</small> <u>SECTION 44 46 LOT 24 48 50</u> <u>Woodbine</u> <small>52 NEAREST TOWN 71</small>															
<b>DRILLER INFORMATION</b> <u>Allen Compton M S D 009</u> <small>Driller's Name 76 License No. 81</small> <u>Fogles Well Drilling, LLC</u> <small>Firm Name</small> <u>P.O. Box 202 Woodbine md 21797</u> <small>Address</small> <u>Allen Compton 91214</u> <small>Signature Date</small>				<b>SOURCES OF DRILLING WATER</b> <b>B 4</b> <u>15293 Sweet Bay St</u> <small>11 STREET ADDRESS 30</small> <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <table border="1" style="margin: auto;"><tr><td>N</td><td>NORTH</td></tr><tr><td>W</td><td>WEST</td></tr><tr><td>E</td><td>EAST</td></tr><tr><td>S</td><td>SOUTH</td></tr></table> <u>34 30 37</u> <small>DISTANCE FROM ROAD (FT OR MI) 38 39</small> <u>14</u> TAX MAP: <u>14</u> BLK: <u>66</u> PARCEL <u>66</u>				N	NORTH	W	WEST	E	EAST	S	SOUTH				
N	NORTH																		
W	WEST																		
E	EAST																		
S	SOUTH																		
<b>WELL INFORMATION</b> <b>B 2</b> <u>5</u> <small>APPROX. PUMPING RATE (GAL. PER MIN.) 8 12</small> <u>500</u> <small>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20</small>				<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>13</u> <small>COUNTY NAME COUNTY NO.</small> <u>9/15/14</u> <u>Kim M. Hall</u> <u>9/15/15</u> <small>DATE ISSUED CO SIGNATURE EXP. DATE</small> <small>43 MM DD YY 48</small>															
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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				<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL  															
<b>APPROXIMATE DEPTH OF WELL</b> <u>300</u> FEET <small>24 28</small>																			
<b>APPROXIMATE DIAMETER OF WELL</b> <u>6</u> INCH <small>NEAREST INCH</small>																			
<b>METHOD OF DRILLING (circle one)</b> <table border="0" style="width:100%;"><tr><td><input checked="" type="checkbox"/> BORED (or Augered)</td><td><input type="checkbox"/> JETTED</td><td><input type="checkbox"/> Jetted &amp; DRIVEN</td></tr><tr><td><input checked="" type="checkbox"/> AIR-ROTary</td><td><input type="checkbox"/> AIR-PERCussion</td><td><input type="checkbox"/> ROTARY (Hydraulic Rotary)</td></tr><tr><td><input type="checkbox"/> CABLE</td><td><input type="checkbox"/> REVerse-ROTary</td><td><input type="checkbox"/> DRive-POINT</td></tr><tr><td colspan="3"><small>other</small></td></tr></table>				<input checked="" type="checkbox"/> BORED (or Augered)	<input type="checkbox"/> JETTED	<input type="checkbox"/> Jetted & DRIVEN	<input checked="" type="checkbox"/> AIR-ROTary	<input type="checkbox"/> AIR-PERCussion	<input type="checkbox"/> ROTARY (Hydraulic Rotary)	<input type="checkbox"/> CABLE	<input type="checkbox"/> REVerse-ROTary	<input type="checkbox"/> DRive-POINT	<small>other</small>			<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input 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 DEEPEEN AN EXISTING WELL <small>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41</small> <u>140-14-0094</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
<input checked="" type="checkbox"/> BORED (or Augered)	<input type="checkbox"/> JETTED	<input type="checkbox"/> Jetted & DRIVEN																	
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<input type="checkbox"/> CABLE	<input type="checkbox"/> REVerse-ROTary	<input type="checkbox"/> DRive-POINT																	
<small>other</small>																			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> <small>APPROP. PERMIT NUMBER</small> <u>G</u> <small>PERMIT No.</small> <u>140-14-0094</u>																			
<b>SPECIAL CONDITIONS</b> <u>See attached memo.</u>																			



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 9-24-14 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Allen Gimpson

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: K Hovnanian Homes

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Woodbine

TAX MAP 14 BLOCK PARCEL 46

SUBDIVISION: Bell Haven Estates

SECTION: 29 LOT: 29

NEAREST ROAD: 15293 Sweet Bay Ct

MARYLAND GRID COORDINATES

E 39.2910118

BOX NUMBER

N 77.0476363

000	
000	

SHOW WELL LOCATION  
BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGURED ☐ HAND DUG
- ☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION

\* TYPE OF CASING:

- ☐ STEEL ☒ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 300 FEET DEEP

\* WAS ANY CASING REMOVED? ☒ YES ☐ NO  
if yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	70
Stone	70	300

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE

DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY



Bureau of Environmental Health  
2178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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

REQUEST FOR TEMPORARY DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 8/20/14 WELL PERMIT #: HO-95-0632  
PROPERTY OWNER: Krishna Kumar Munagala / Sushma Boxapati  
SUBDIVISION & LOT #: BELLE HAVEN 10124  
PROPERTY ADDRESS: 15293 SWEETBAY STREET  
Woodbine, MD 21797

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

Builder shall install a REVERSE  
OSMOSIS SYSTEM at Kitchen Sink and  
Water line for Refrigerator.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO-95-0632 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.
- 2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO-95-0632. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) (Person(s) that intend to live in the dwelling)

X Krishna Munagala

PHONE 646 573 7000

Prospective Owner's Day Time Phone Number(s)

X Sushma B.

PHONE 201 772 6132





**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

**Expiration Date – April 17, 2015**

October 17, 2014

Homeowner  
15293 Sweetbay Street  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 24**  
**15293 Sweetbay St**  
**Building Permit: B14000295**  
**Well Permit: HO-14-0094**

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 **10/15/2014**. Final approval of the well line connection to the dwelling was granted on **9/25/2014**. The well construction was completed on **9/24/2014**. Water samples were collected on **9/26/2014, 10/1/2014, 10/6/2014, 10/10/2014**.

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.

The untreated water sample collected on **9/26/2014** indicated a nitrate level of **11.7 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/26/2014** and indicated a nitrate level of **3.98 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-14-0094. 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 quality 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>

Approving Authority,



Jeff Williams  
Program Supervisor  
Well & Septic Program

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

## Williams, Jeffrey

---

**From:** Williams, Jeffrey  
**Sent:** Wednesday, October 15, 2014 2:11 PM  
**To:** 'Rayman, Matt'  
**Cc:** Martin, Sharhonda  
**Subject:** RE: 15293 Sweetbay Street - 2nd Email

We have reviewed the file and we still need the following prior to ICOP issuance:

- Start-up certificate from Hoot for the BAT unit
- Well Completion Report for the new well from the driller.
- Passing test results from the new well for nitrate, turbidity, and sand.

Thanks

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

### CONFIDENTIALITY NOTICE

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**From:** Rayman, Matt [<mailto:MRayman@khov.com>]  
**Sent:** Wednesday, October 15, 2014 1:36 PM  
**To:** Williams, Jeffrey; Martin, Sharhonda; Bricker, Robert; Bernard, Dana; Oswald, Hank; Wolf, Kevin; Martin, Sharhonda  
**Subject:** RE: 15293 Sweetbay Street - 2nd Email

Good Afternoon All,

I have not heard back from anyone since sending this email yesterday and wanted to send a follow up to see where we are with the IPOC letter for the above address. Thanks

**Matt Rayman**

## Only 4 To Be Built Homesites To Go!!!

## “Best Homesites in Howard County”



Sales Consultant – Belle Haven and Meriwether Farm

K. Hovnanian Homes-North Division

Phone - 301-683-6377

Fax - 301-683-6378

Cell – 443-991-9254

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[www.khov4newhomes.com](http://www.khov4newhomes.com)

[www.khov.com/bellehaven](http://www.khov.com/bellehaven)

---

**From:** Rayman, Matt

**Sent:** Tuesday, October 14, 2014 12:12 PM

**To:** 'jewilliams@howardcountymd.gov'; 'Martin, Sharhonda'; 'rbricker@howardcountymd.gov';

dbernard@howardcountymd.gov; 'hoswald@howardcountymd.gov'; 'kwolf@howardcountymd.gov'; 'Martin, Sharhonda'

**Subject:** 15293 Sweetbay Street

Good Afternoon All,

We received information yesterday that the well water passed for this home. I wanted to see what may still be needed in order to receive our IPOC for closing. Thanks

**Matt Rayman**

## **Only 4 To Be Built Homesites To Go!!!**

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Sales Consultant – Belle Haven and Meriwether Farm

K. Hovnanian Homes-North Division

Phone - 301-683-6377

Fax - 301-683-6378

Cell – 443-991-9254

[www.natekhov.com](http://www.natekhov.com)

[www.khov4newhomes.com](http://www.khov4newhomes.com)

[www.khov.com/bellehaven](http://www.khov.com/bellehaven)

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

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 Drilling LLC Telephone #: 410 795 5670  
Address: PO Box 202  
Woodbine, MD 21797

(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 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: K Hovnanian Homes Telephone #: 240-508-9220  
Subdivision: Belle Haven Estates Lot #: 24 Well Tag #: HO-14-0094  
Site Address: 15243 Sweetbay St  
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>75B07427C</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> " (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>40</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300'</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque anastors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

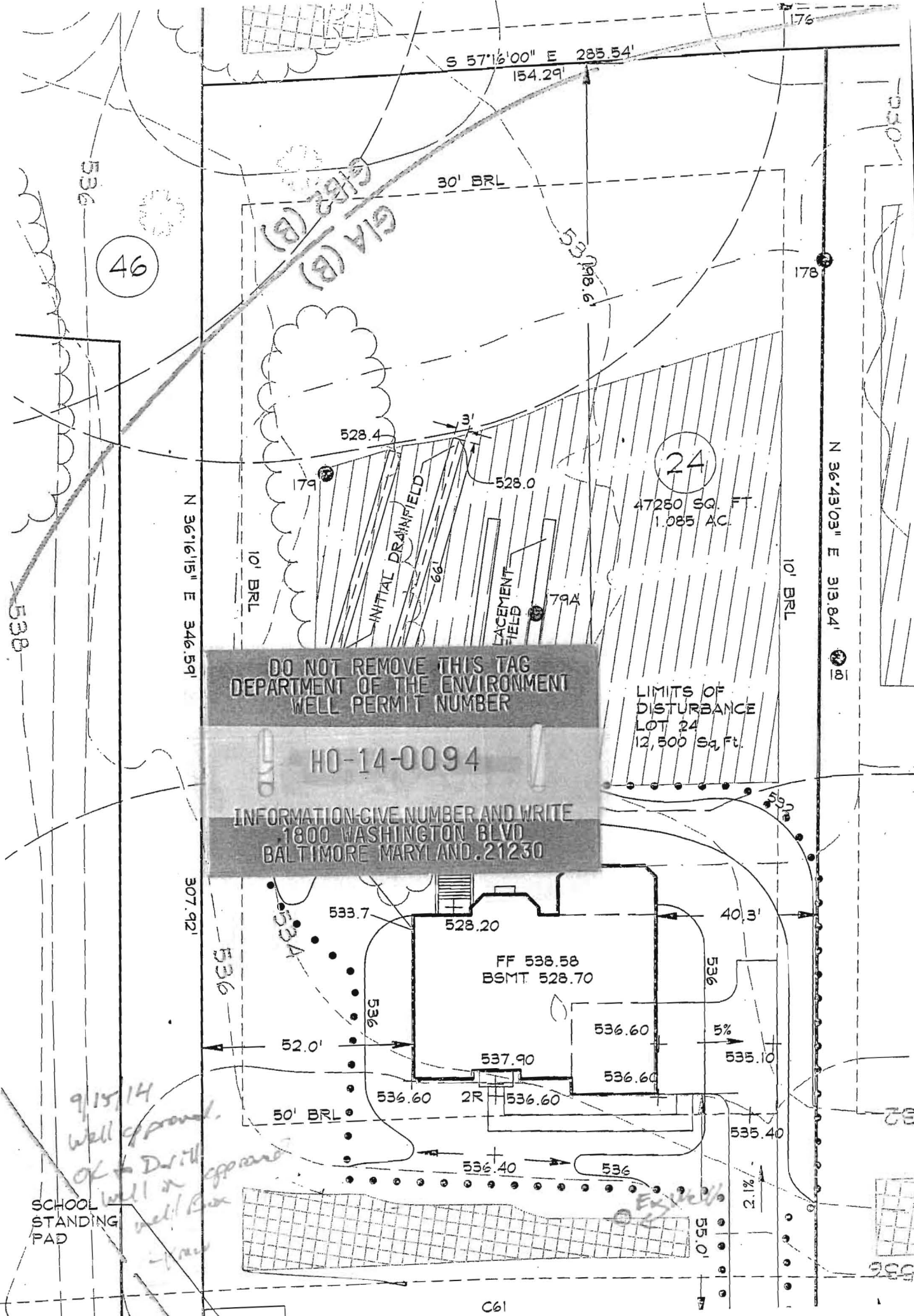
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>36</u> " (36" min)	Sleeve sealed properly: <u>YES</u>

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: Dave Fogle date: 9-24-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/25/14 Inspector: (KW)  
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 ✓



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

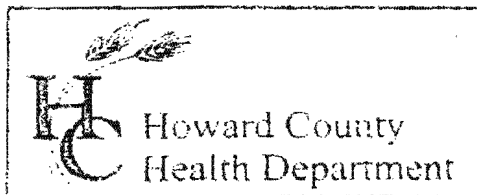
H0-14-0094

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

SCHOOL  
STANDING  
PAD

9/15/14  
well approved.  
OK to Drill  
well in approved  
well Box  
-Kaw





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., 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:

- ☒ The well site has been staked by \_\_\_\_\_,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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 6/10/03

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 24 Well Tag #: HO-95-0632  
Site Address: 15293 Sweetbay

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/15/2014 Inspector: RB

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 ☒

**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 #: 96474 Account #: 1930  
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling  
Location: 15293 Sweet Bay Street Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/26/2014 1307 Site: Kitchen Sink Tap  
Date/Time Rec'd: 9/26/2014 1630 Treatment: Reverse Osmosis  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Fogle 1974JF Well #: HO-14-0094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	9/27/2014 / 1100 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/27/2014 / 1100 / LLO
Nitrate	11.7	mg/L	10	601	9/26/2014 / 1630 / CWM
Turbidity	3.15 ✓	NTU	<10	SM18 2130B	9/26/2014 / 1700 / CCH
Sand	NS ✓	mg/L	5	Visual/Gravimetric	9/26/2014 / 1700 / CCH

**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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 pH tested in lab, chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295

Date Reported: 9/29/2014



**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 #:	96475	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	9/26/2014 1307	Site:	R/O Tap
Date/Time Rec'd:	9/26/2014 1630	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J. Fogle 1974JF	Well #:	HO-14-0094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	3.98	mg/L	10	601	9/26/2014 / 1630 / CWM

OK  
JCF  
9/26/14

**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 pH tested in lab, chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 9/29/2014

**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 #: 96827 Account #: 1930  
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling  
Location: 15293 Sweet Bay Street Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 10/6/2014 1307 Site: First Floor Bathroom  
Date/Time Rec'd: 10/6/2014 1526 Treatment: Prior to Reverse Osmosis  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Fogle 1974JF Well #: HO-14-0094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	10/7/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/7/2014 / 1000 / LLO

**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 tested in lab, chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 10/7/2014

**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 #:	96625	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	10/1/2014 1431	Site:	Kitchen Sink Tap
Date/Time Rec'd:	10/1/2014 1522	Treatment:	Prior to Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	J. Fogle 1974JF	Well #:	HO-14-0094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	10/2/2014 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/2/2014 / 0930 / 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 tested in lab, chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 10/2/2014



**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 #: 96911 Account #: 1931  
Reference: Fogles Septic Company: Fogles Septic  
Location: 15293 Sweetbay Street Requested By: Kim Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 10/10/2014 1300 Site: Hall Bath  
Date/Time Rec'd: 10/10/2014 1355 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: K.Cassell 7398KC Well #: HO-14-0094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2014 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2014 / 1000 / CCH

*bacteria OK - needs other potability results*  
*Jaw 10/15/14*

**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 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 10/13/2014

# 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 #: 95671 Account #: 3192  
Reference: Belle Haven Lot 24 Company: Northern Virginia Drilling  
Location: 15293 Sweet Bay Street Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/18/2014 0948 Site: Powder Room  
Date/Time Rec'd: 8/18/2014 1239 Treatment: None  
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 6.1  
Collected By: J. Yeager 6176JY Well #: HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/19/2014 / 0845 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/19/2014 / 0845 / CCH
Nitrate	15.1	mg/L	10	601	8/19/2014 / 1045 / CRS
Turbidity	42.0	NTU	<10	SM18 2130B	8/19/2014 / 0810 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/19/2014 / 0810 / CRS

*Fails Nitrate & Turbidity*

### 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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B14000295

Date Reported: 8/19/2014

**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 #:	95877	Account #:	3192
Reference:	Belle Haven Lot 24	Company:	Northern Virginia Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/27/2014 1150	Site:	Pressure Tank
Date/Time Rec'd:	8/27/2014 1317	Treatment:	None**
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	404	NTU	<10	SM18 2130B	8/27/2014 / 1455 / CCH

**NOTES**

- 1 \*\*Sample collected prior to Neutralizer/Softener/Reverse Osmosis
- 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 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B14000295

Date Reported: 8/28/2014

**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 #:	95904	Account #:	3192
Reference:	Belle Haven Lot 24	Company:	Northern Virginia Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/28/2014 1050	Site:	Pressure Tank
Date/Time Rec'd:	8/28/2014 1143	Treatment:	None**
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	13.2	NTU	<10	SM18 2130B	8/28/2014 / 1205 / CRS
Iron	0.29	mg/L	0.3	FR, 45 (126)	8/28/2014 / 1215 / CRS

**NOTES**

- 1 \*\*Sample collected prior Neutralizer/Softener/Reverse Osmosis
- 2 mg/L = milligrams per liter (also, parts per million)
- 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 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B14000295

Date Reported: 8/28/2014

**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 #:	95819	Account #:	3192
Reference:	Belle Haven Lot 24	Company:	Northern Virginia Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/22/2014 1405	Site:	Pressure Tank
Date/Time Rec'd:	8/22/2014 1555	Treatment:	None**
Chlorine ppm:	Free: ND Total: ND	pH:	6.7
Collected By:	C. Holland 0547CH	Well #:	HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	10.2	NTU	<10	SM18 2130B	8/22/2014 / 1650 / CRS

**NOTES**

- 1 \*\* Sample collected prior Neutralizer/Softener/Reverse Osmosis
- 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 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 8/25/2014



**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 #:	95820	Account #:	3192
Reference:	Belle Haven Lot 24	Company:	Northern Virginia Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/22/2014 1400	Site:	R/O Tap @ Kitchen Sink
Date/Time Rec'd:	8/22/2014 1555	Treatment:	Neutralizer/Softener/Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	9.6
Collected By:	R. Ott 4269RO	Well #:	HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	1.93	mg/L	10	601	8/22/2014 / 1630 / 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 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 8/25/2014

**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 #:	96078	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	9/8/2014 1313	Site:	Kitchen Sink Tap
Date/Time Rec'd:	9/8/2014 1500	Treatment:	Neutralizer/Softener
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J. Fogle 1974JF	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	13.6	NTU	<10	SM18 2130B	9/9/2014 / 1420 / BCD
Iron	0.11	mg/L	0.3	FR, 45 (126)	9/9/2014 / 1330 / CRS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 ND = None Detected; N/A: Not Available
- 5 Sample collected by client, analyzed as received
- 6 pH tested in lab, chlorine level tested on site

**Reason for Test :** Use & OccupancyDate Reported: 9/9/2014

# 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 #:	96077	Account #:	3192
Reference:	Belle Haven Lot 24	Company:	Northern Virginia Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	9/8/2014 1340	Site:	Powder Room
Date/Time Rec'd:	9/8/2014 1429	Treatment:	Neutralizer/Softener/Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	19.8	NTU	<10	SM18 2130B	9/8/2014 / 1545 / CCH

### NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy

**Building Permit # :** B14000295

Date Reported: 9/8/2014

**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 #:	96076	Account #:	3192
Reference:	Belle Haven Lot 24	Company:	Northern Virginia Drilling
Location:	15293 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	9/8/2014 1342	Site:	Pressure Tank
Date/Time Rec'd:	9/8/2014 1429	Treatment:	None**
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	168	NTU	<10	SM18 2130B	9/8/2014 / 1545 / CCH

**NOTES**

- 1 \*\*Sample collected prior to Neutralizer/Softener/Reverse Osmosis
- 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 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14000295Date Reported: 9/8/2014