

C131568

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
A537374

ST/CO USE ONLY
DATE Received
MM 04 DD 24 YY 15
8 13

DATE WELL COMPLETED
MM 04 DD 03 YY 15
15 20

Depth of Well
22 400' 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HD-14-0153
28 29 30 31 32 33 34 35 36 37

OWNER
Hikmat Jacob
WELL SITE ADDRESS
Greenberry Lane
SUBDIVISION
Greenberry
SECTION
TOWN
Clarksville
LOT
7

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	
Brown	0	50	
Gray Schist	50	140	
White	140	141	✓
Gray Schist	141	325	
Very Soft Brown	325	330	✓
Gray Schist	330	400	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 19 NO. OF POUNDS 178
GALLONS OF WATER 119
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 CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE
PL
Nominal diameter top (main) casing (nearest inch)! 08
Total depth of main casing (nearest foot) 60'

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

SCREEN RECORD

screen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 3
METHOD USED TO MEASURE PUMPING RATE 1 gal
WATER LEVEL (distance from land surface)
BEFORE PUMPING 32 ft.
WHEN PUMPING 147 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
(CIRCLE) (YES OR 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MS 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)

C2

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

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

LATITUDE 39.2323837
LONGITUDE 76.9711990
(DEFAULT COORD. WGS 84)
NOTES:
19 bags = 3.25 bags/10' for 8" casing
3 gal/min x 120 mins = 360 gal in 2 hr
390' - 60' = 330' x 2.62 gal/ft = 864.6 gal storage

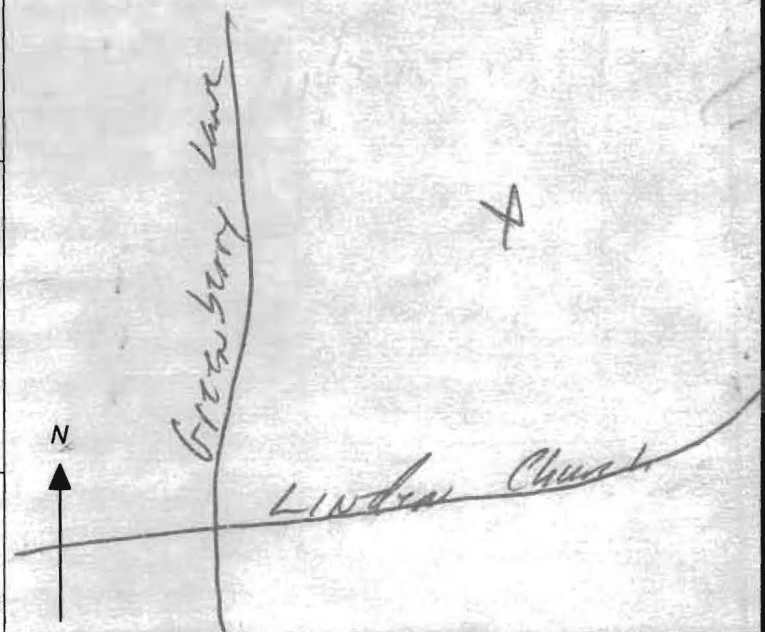
B 1	33895	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555320 F please type	STATE PERMIT NUMBER HO - 14 - 0153 70 fill in this form completely 79
Date Received (APA) 11/18/14 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Mildenberg, Brander & Assoc., Inc.		34 First Name		
36 Street or RFD 1350-B Grace Drive		55		
57 Town Columbia, Md		76 Zip 21044		
DRILLER INFORMATION				
Driller's Name Allen Compton		76 License No. MSD 009		
Firm Name Fogles Well Drilling, LLC		81		
Address P.O. Box 202 Woodbine Md 21797				
Signature Allen Compton		Date 10/18/14		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		8 52 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL <u>400</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>8</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
<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				
other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <u>H02014G003</u>				
PERMIT No. <u>H0 - 14 - 0153</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				
SEE ATTACHED MEMO				

B 3	LOCATION OF WELL			
8 COUNTY Howard		21		
23 SUBDIVISION Greenberry		42		
SECTION <u>44</u> <u>46</u>		LOT <u>7</u> <u>48</u> <u>50</u>		
52 NEAREST TOWN Clarksville		71		

B 4	SOURCES OF DRILLING WATER			
1.		11 STREET ADDRESS Greenberry Lane		
2.		30		
3.		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">5</div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">W</div> <div style="border: 1px solid black; padding: 2px;">E</div> <div style="border: 1px solid black; padding: 2px;">S</div> </div> </div>		
		34 900 37		
		DISTANCE FROM ROAD 37		
		ENTER FT OR MI 38 39		
		TAX MAP: 0028 BLK: _____ PARCEL _____		

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard		COUNTY NO. (13) A537374		
STATE SIGNATURE _____		INSERT S → 41		
DATE ISSUED 12/10/14		CO SIGNATURE Sarah Allen		
43 MM DD YY 48		EXP. DATE 12/10/15		

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14 - 0153
Location of property (road) Greenberry Lane
Subdivision Greenberry Lot 7 Block _____ Plat _____ Sec. _____
Well Driller Egles Owner Jacob H. H. H. H.


Depth of well 400'
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

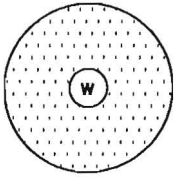
Time pump started 8:30 Pumping rate 12
Total time 90 min to reach pumping water level 151 ft. below M.P.

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

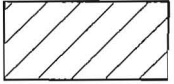
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	32'	5 seconds		12 gpm
8:45	72'	5 seconds		12 gpm
9:00	101'	6 seconds		10 gpm
9:15	129'	6 seconds	N/A	10 gpm
9:30	140'	16 seconds		3.75 gpm
9:45	140'	16 seconds		3.75 gpm
10:00	151'	20 seconds		3 gpm
10:15	151'	20 seconds		3 gpm
10:30	151'	20 seconds		3 gpm
10:45	151'	20 seconds		3 gpm
11:00	150'	20 seconds		3 gpm
11:15	150'	20 seconds		3 gpm
11:30	150'	20 seconds		3 gpm
11:45	150'	20 seconds		3 gpm
12:00	149'	20 seconds		3 gpm
12:15	149'	20 seconds		3 gpm
12:30	149'	20 seconds		3 gpm
12:45	149'	20 seconds		3 gpm
1:00	149'	20 seconds		3 gpm
1:15	148'	20 seconds		3 gpm
1:30	148'	20 seconds		3 gpm
1:45	148'	20 seconds		3 gpm
2:00	148'	20 seconds		3 gpm
2:15	147'	20 seconds		3 gpm

1 2 3


PROPOSED WELL
 ALTERNATIVE
 LOCATIONS



PROPOSED WELL
 ZONE

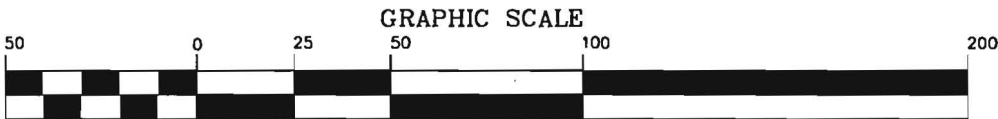
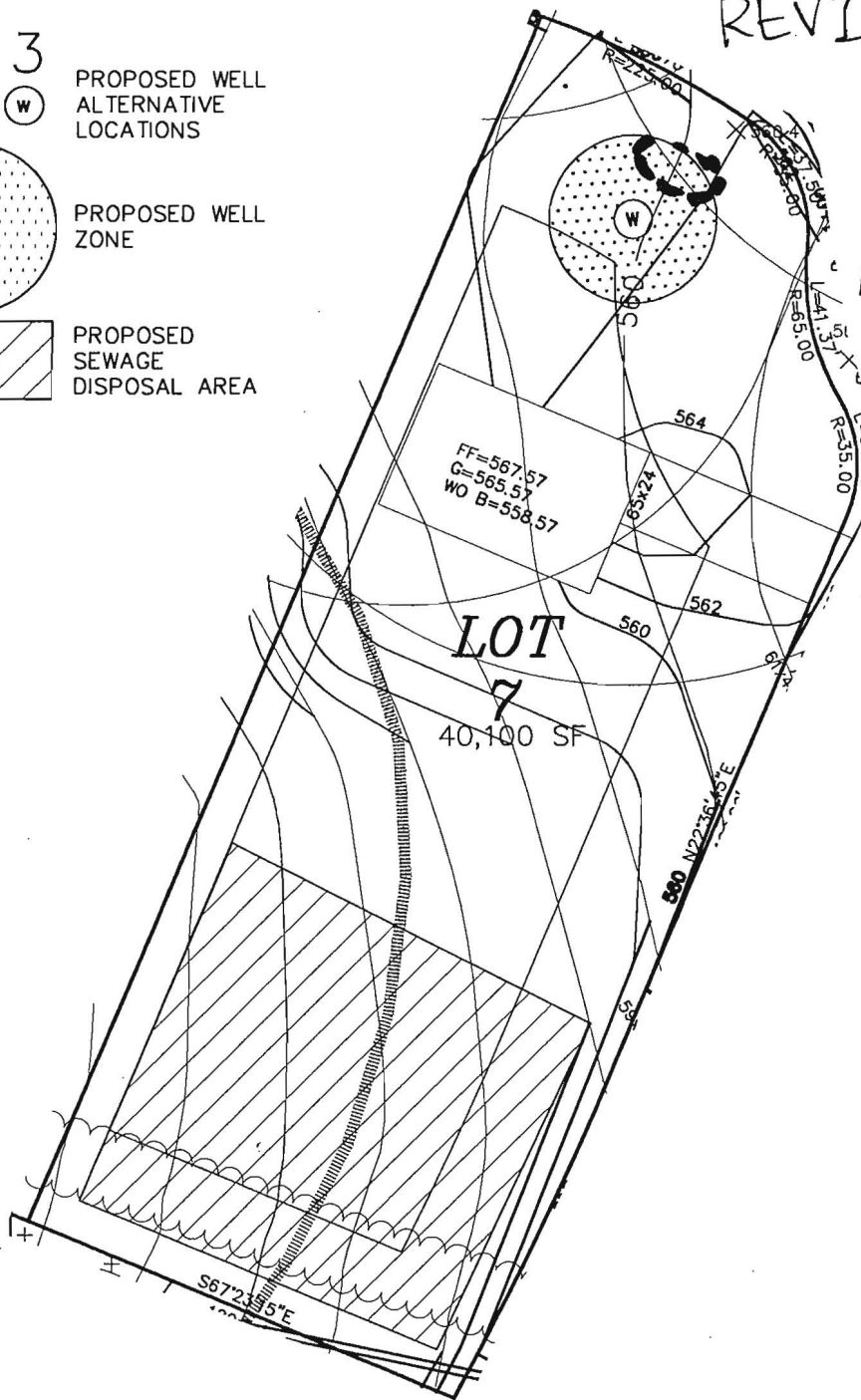


PROPOSED
 SEWAGE
 DISPOSAL AREA

REVISED WELL EXHIBIT

Approved
 3/24/15 SC

Site staked
 by MB+A
 3/21/15



(IN FEET)
 1 inch = 50 ft.

GREENBERRY WELL EXHIBIT - LOT 7

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DRAWN BY: JLS

DATE: NOV 2014

PN: 12-022

MILDENBERG BOENDER, & ASSOC., INC.

Engineers Planners Surveyors
 7350-B Grace Drive, Columbia, Maryland 21044
 (410) 997-0296 Ball. (410) 997-0298 Fax.



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, please indicate one of the following:

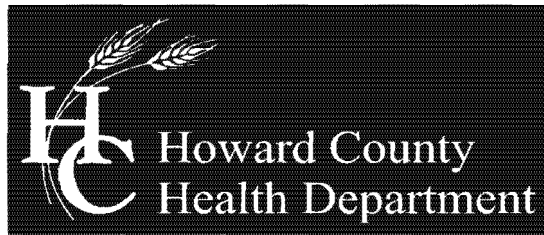
Well Site Location:

GREENBERRY 7 CATHERIN CLOSE ROAD
Subdivision/Property Name Lot # Road Name

☒ The well site, as shown on the attached well site plan, has been staked by
MILDENBERG, BREYER & ASSOC. INC.
(professional land surveyor or company employing professional land surveyors)
on MARCH 21, 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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Twitter: HowardCoHealthDep

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

December 9, 2014

MEMORANDUM

TO: Fogle's Well Drilling, LLC
PO Box 202
Woodbine, MD 21797

Mildenberg, Bender, and Associates, Inc.
7350-B Grace Drive
Columbia, MD 21044

FROM: Sarah Collins SEC
Environmental Health Specialist
Howard County Health Department

RE: Greenberry Well Permits

Please note the following special conditions for the Greenberry subdivision well permits:

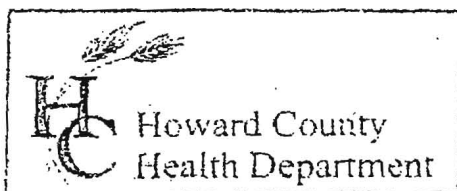
The Percolation Certification for the Greenberry subdivision shows circular well boxes for lots 7, 10, 12, 13, 15, 16, 18, and 19. The center of the well box has been staked and the driller is to drill at the outer perimeter of the well box, **22 feet from the center stake.**

All monitoring and test wells shown on the Percolation Certification are to be sealed. Abandonment reports must be submitted with well completion reports.

At the time of the yield test, a water sample needs to be collected for pesticides testing for lots 2, 3, 4, 5, 10, and 12.

At the time of the yield test, a water sample needs to be collected for TDS, sodium, and chloride testing for lots 4, 9, 11, 14, and 20.

Cc: File



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

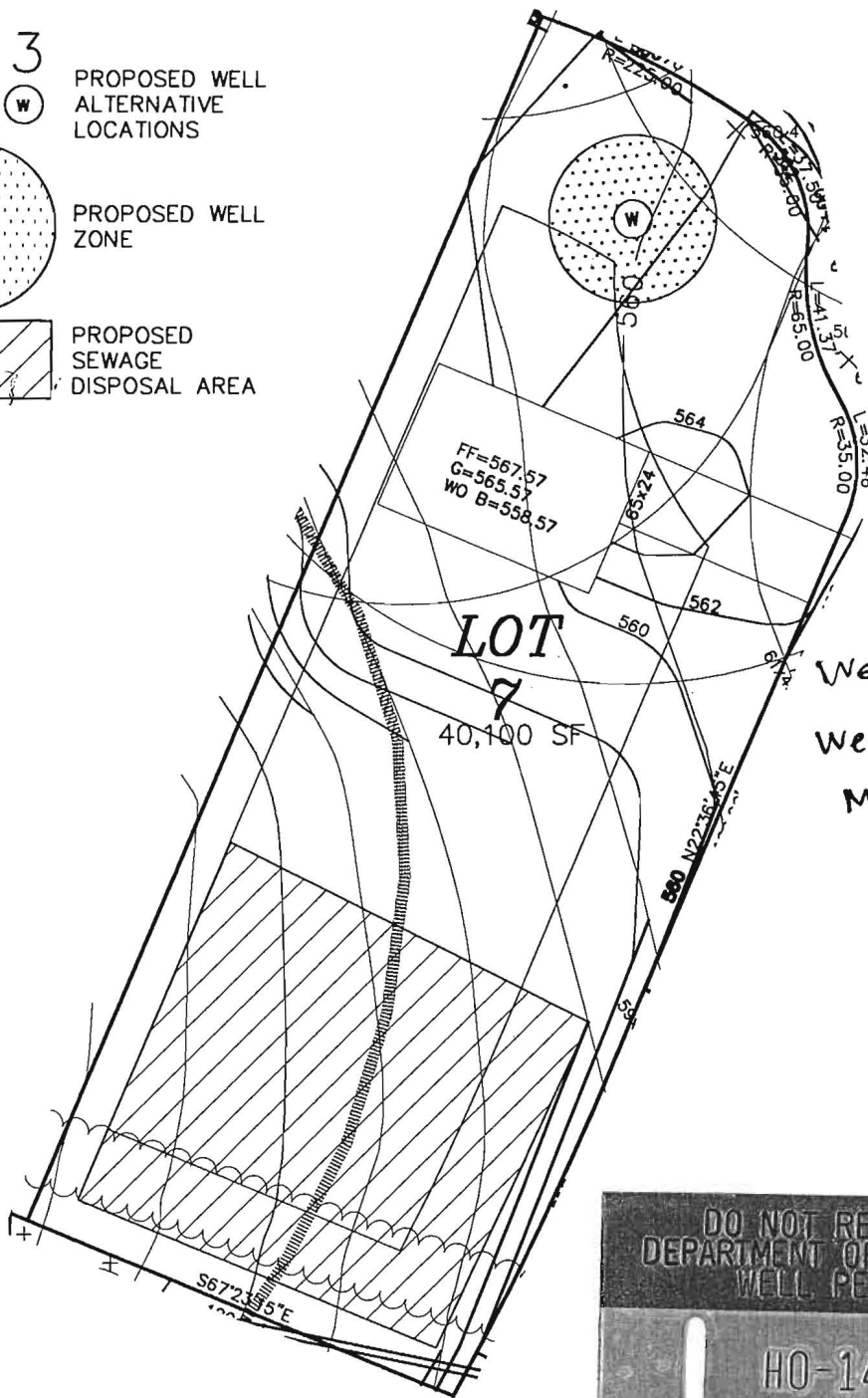
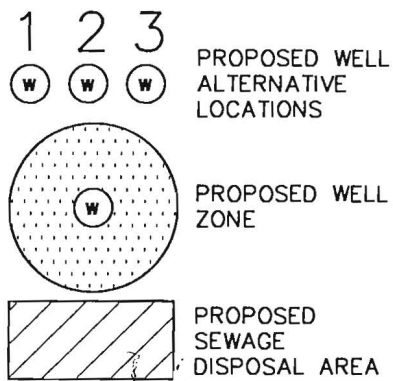
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Mildenberg Brender & Assoc.
(professional land surveyor or company employing professional land surveyors)
on 12-6-14 (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

P:\2004\12-022 Greenberry\DWG\FINAL\F-14-095_Well Exhibits

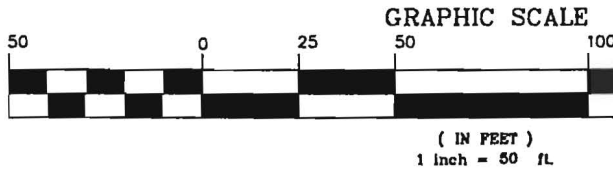


Well exhibit approved (SC)
Well zone staked by
Mildenberg, Boender,
+ Assoc.

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

HO-14-0153

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



GREENBERRY
WELL EXHIBIT - LOT 7

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=50'

DRAWN BY: JLS

DATE: NOV 2014

PN: 12-022

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
7350-B Grace Drive, Columbia, Maryland 21044
(410) 997-0296 Balt. (410) 997-0298 Fax.

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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
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): Joshua Henricks License# PI0173

***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: NV Homes Telephone #: 410-379-5956
Subdivision: Greenberry Lot #: 7 Well Tag #: HO - 14 - 0153 ✓
Site Address: 5025 Bee Francis Way
Clarksville, MD 21029

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 3.0 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
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: 400 (feet)

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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (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

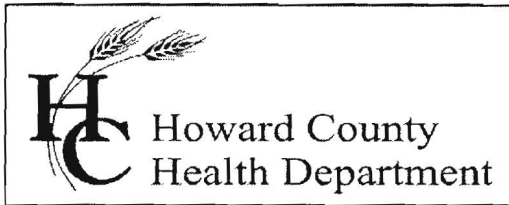
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this **cannot** be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Joshua Henricks
March 23, 2016
date

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

Date Insp. Requested: 5/10/16 Date Insp. Approved: 5/10/16 Inspector: SC
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 ✓





Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 20, 2016

June 20, 2016

Homeowner
5025 Bee Frances Way
Clarksville, MD 21029

RE: Greenberry, Lot 7
5025 Bee Frances Way
Building Permit: B16000295
Well Permit: HO-14-0153

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 **6/20/2016**. Final approval of the well line connection to the dwelling was granted on **5/10/2016**. The well construction was completed on **4/3/2015**. Water samples were collected on **6/6/2016**.

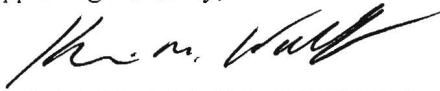
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0153. 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>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with the first name "Kevin" and last name "Wolf" being the most prominent parts.

Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor
Groundwater Management Section
Well & Septic Program

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

N V Homes
C/o Robert Feezer Co.
6321 Barnett Avenue
Sykesville, MD 21784

Reporting Date: 6/9/2016
Report #: M4126

Submitted Sample Address: 5025 Bee Frances Way
Clarksville, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 6/6/2016 10:15 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn 6.5
Well Tag #: HO-14-0153

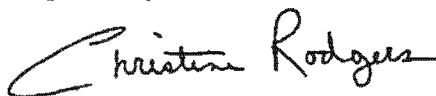
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	4.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.6	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

4/1/15 - Greenberry Lot 7 Drilling Inspection - Andy from Fogles completing the work. While onsite he stated that he used 8" bit to drill down to 80 feet, hit bedrock at 48 feet and stayed consistent to 80 feet. Then he reamed out the hole w/ a 12" bit down to 60 feet to set 8" casing. Well permit special condition met, drilling site 22 feet off of well stake. (20)

DATE

RESULTS OF REVIEW FOR FILE

FILE NOTES