

41757

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  
NUMBERPERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-17-0293

USE ONLY

received

DO

13

DATE WELL COMPLETED

MM DD YY  
07 10 18

Depth of Well

22 300 26  
(TO NEAREST FOOT)

DRILLER NAME: NATAREN, ROBERTO

SITE ADDRESS

15491

Roxbury RD

TOWN Glenwood

DIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

E THE KIND OF FORMATIONS PENETRATED, THEIR  
OR, DEPTH, THICKNESS AND IF WATER BEARINGOPTION (Use  
sheets if needed)FEET  
FROM TO check  
if water  
bearing

Top Soil 0 2

rown Shale 2 10

nd Stone 10 45

ay Mica 45 55

own Mica 55 56

ay Mica 56 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 150

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.

(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST STEEL CO CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

ST 6 40

60 61 63 64 66 67 70

## OTHER CASING (if used)

diameter depth (feet)

inch from to

EACH CASING

G

screen type  
or open hole(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE

PL PLASTIC OT OTHER

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

H0 38 300

E A C H C A S I N G

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

H 23 24 26 30 32 36

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 38 39 41 45 47 51

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

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) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 300 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

below 2 (nearest foot)

LATITUDE 39.265954  
LONGITUDE 77.042206  
(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

DRILLER OF UNSUCCESSFUL WELLS:

HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER

WELL WAS ABANDONED AND SEALED

WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

WELL CONVERTED TO PRODUCTION

WELL

I CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN

ANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND

PERFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE

ED PERMIT, AND THAT THE INFORMATION PRESENTED IS

IS ACCURATE AND COMPLETE TO THE BEST OF MY

DOE

DRILLER'S LIC. NO. 1 MWD 04 D

DRILLER'S SIGNATURE

MATCH SIGNATURE ON APPLICATION

LIC. NO. 1 JSD 038

SUPERVISOR (sign. of driller or journeyman

able for sitework if different from permittee)

SUPERVISOR

COUNTY

52886 3 5 6 te Received (APA) 053010 MM DD YY 13 NATAREN Last Name 15491 ROXBURY ROAD Street or RFD GLENWOOD MD 21738 Town 70 State 72 Zip 76	SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type 563005-13444	STATE PERMIT NUMBER HO-17-0293 70 fill in this form completely 79
<b>OWNER INFORMATION</b> ROBERTO First Name 34 Last Name Owner 15491 ROXBURY ROAD Street or RFD 55 GLENWOOD MD 21738 Town 70 State 72 Zip 76		<b>LOCATION OF WELL CCH</b> Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Glenwood 52 NEAREST TOWN 71
<b>DRILLER INFORMATION</b> George F. Easterday M W D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. m Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 address George F. Easterday 5/24/2018 Signature Date		<b>15491 Roxbury Road</b> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 425 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 14 PARCEL: 109
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 5/31/18 43 MM DD YY 48 CO SIGNATURE EXP. DATE 5/31/19
<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. 20' to deep 20' to bedrock 40' casing Rd ~ 12 ft 7/10/2018 Good void under fixed top layer. 7/10/2018
<b>PROXIMATE DEPTH OF WELL</b> 24 300 28 FEET <b>PROXIMATE DIAMETER OF WELL</b> 6 INCH <b>METHOD OF DRILLING (circle one)</b> RED (or Augered) JETTED Jetted & DRIVEN ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) BLE REVERSE-ROTARY DRIVE-POINT		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (AVAILABLE) 41 HO-17-0293-39582 Not to be filled in by driller (MDE OR COUNTY USE ONLY) PROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. HO-17-0293		SPECIAL CONDITIONS owner to have safety bollards around well.

WATER WELL ABANDONMENT-SEALING REPORT FORM

11 COPIES OF COMPLETED FORM TO:

COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)

WELL OWNER

MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

WELL ABANDONED: July 20, 2018 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 73 - 3958

PERMIT NUMBER OF REPLACEMENT WELL:

Ho - 17 - 0293

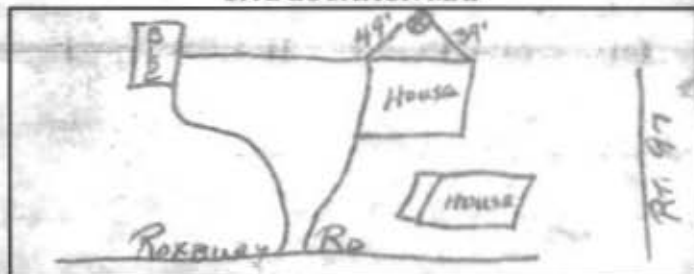
PERSON ABANDONING WELL: Lester Simmons Sr.

WELL DRILLER'S LICENSE NUMBER: 307

CIRCLE (MWD) / MSD / MGD

OWNER'S NAME: ROBERTO NATAREL

SITE LOCATION MAP



WELL LOCATION:

COUNTY: HOWARD

NEAREST TOWN: GLENWOOD

TAX MAP 21 BLOCK 14 PARCEL 109

SUBDIVISION:

SECTION: LOT:

STREET ADDRESS: 15491 ROXBURY ROAD

LATITUDE 39.265821

LONGITUDE 77.042318

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
BENTONITE	145	2
BACKFILL	2	0

VOLUME OF MATERIAL USED

550# TD 16

TYPE OF WELL BEING ABANDONED:

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

USE CODE:

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

TYPE OF CASING:

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

OF CASING: 6 INCHES IN DIAMETER

TH OF WELL: 145 FEET DEEP

ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 7

CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

Lester Simmons Sr. 307  
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

(MWD) MSD / MGS  
CIRCLE ONE

7/20/18  
DATE

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by Federal or State Law.

**Maura J. Rossman, M.D., Health Officer**July 20<sup>th</sup>, 2018Home Owner  
15491 Roxbury Road  
Glenwood, MD 21738RE: **Replacement Well Sampling**  
15491 Roxbury Road  
Glenwood, MD 21738  
Well Permit # HO-17-0293

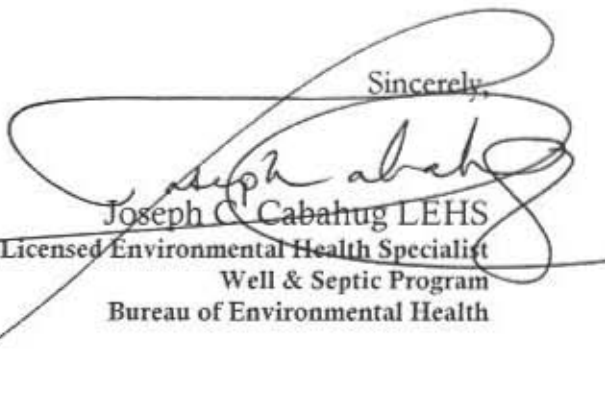
Dear Homeowner:

According to our records, your replacement well is proposed to be connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

  
**Joseph C. Cabahug LEHS**  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental HealthCc: Community Hygiene Program  
File

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.

EASTERDAY-WILSON

Company Name: WATER SERVICES Telephone #: 301-831-7057  
Address: 9265 Brown Church Road  
Mount Airy, Maryland 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Darren Wilson License# MSD 188

\*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: Roberto N. Nolasco Telephone #: 703-609-8566  
Subdivision: 12 Lot #: HO-17-0293  
Site Address: 15491 Rockbury Rd Glenwood  
15491

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>manitex</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>1G310-15</u>	Model#: <u>B-10X</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>10</u> GPM	Depth: <u>3/1236" min</u>	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>290</u> (feet)		Conduit secured to well cap: <u>✓</u>
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 <u>inside of well casing</u>		

Piping to house

Type: PE  
PSI: 250 (160 psi min)  
Depth of supply line: 3/12 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes  
Length of sleeve (5' minimum from foundation): 5ft  
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 \_\_\_\_\_ date \_\_\_\_\_

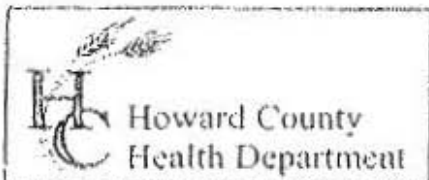
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/18/18 Date Insp. Approved: 7/18/18 Inspector: Ⓟ  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 53" 7/18/2018 Ⓟ  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 45" 7/18/2018 Ⓟ  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 10" 7/18/2018 Ⓟ  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

7/18/18

W/LINE TIED INTO EX  
SLEEVE.

EX  
HOUSE  
7/18/18  
[ ]  
[ ]  
[ ]



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 owner - driller - county up  
(professional land surveyor or company employing professional land surveyors)  
on 5-22-18 (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

*Kevin Waife has plot*

SITE INSPECTION SHEET

OWNER: Roberta Nataran PHONE #: \_\_\_\_\_

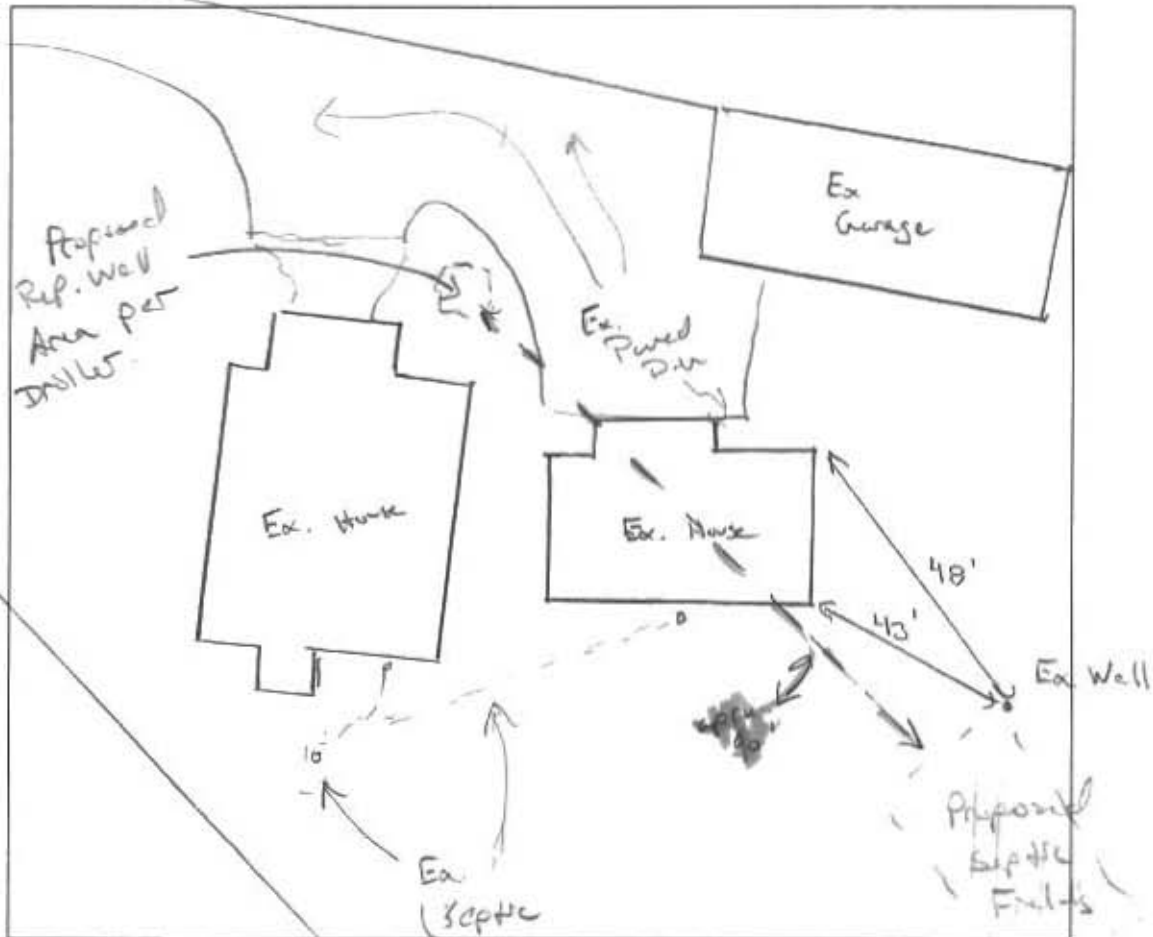
ADDRESS: 15491 Roxbury Road CONTRACTOR: Easterday

WELL TAG #: \_\_\_\_\_

SUBDIVISION: n/a LOT: - COUNTY #: (12)

PROPOSAL: Replace well in new location for replacement  
septic system

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

Rep. well area selected via driller. Not too much room to  
set up drill rig (stable) enough. Trees, slope, lot line distance  
encroachment, Row etc... Site will be less than 20' from both  
houses and w/in 10' to ex. drive. However ore w/ site and

DATE: 5/2/18

INSPECTOR: K. Whit

will install bollards to protect well, new well site will  
be w/in 90'-100' to proposed septic system (which is TBD)

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

August 13, 2018

Roberto Nataren  
15491 ROXBURY ROAD  
GLENWOOD, MD 21738

**RE: Water Sample Results  
15491 ROXBURY ROAD**

Dear Roberto Nataren,

We have received the results from the testing of the water sample(s) taken from the above referenced property on August 02, 2018. 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.

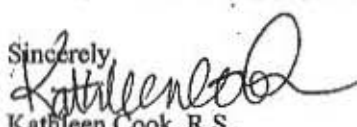
The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present. The presence of **Sand** was not observed.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 2.00 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was 2.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

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,



Kathleen Cook, R.S.  
Community Hygiene Program

Enclosures

SEND REPORT TO:

Howard County Health Department  
Bureau of Environmental Health8020 Stanford Blvd.  
Columbia, Maryland 21045  
Category Code: 4FState of Maryland  
DHMH - Laboratories Administration  
DIVISION OF ENVIRONMENTAL SCIENCES  
1770 Ashland Avenue, Baltimore, MD 21205  
Robert A. Myers, Ph.D. Director

## MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Invoice No.: IC001Lab No.: 002160

## FIELD RECORD

## Sample Type:

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

Source Address: Roberto Nataran, 15491 Roxbury RdSampling Site: BATH ROOM TUB Bottle No.: HC15491Ice: Yes ☒ No ☐ Treated: Yes ☐ No ☐ County: HowardDate Collected: 8/2/18 Time Collected: 10:00 ☒ am ☐ pmCollector Name: B. SHKLYAR Collector ID No.: 3179 BSCollector Tel. No.: 410-913-1787 PWS ID No.:

## Test Requested:

- ☒ Quantitative: Colilert-QT ☐ P/A: Colilert  
☐ Heterotrophic Plate Count ☐ SimPlate  
☐ Multiple Tube Fermentation: MTF  
☐ Quantitative: Enterolert  
☒ Other: \* SAND PRESENCE NOT FOUND

Remarks:

13

County

Plant No.

Sampling Station

6.5

pH

00

Res. Cl.

00

Free

00

Total

## LABORATORY RECORD (DHMH Use Only)

## Test Method(s): (check all that apply)

- ☐ SM 9223 Colilert ☐ SM 9223 Colilert-QT ☒ SM 9223 Colilert-18  
☐ SM 9221B (MTF) ☐ SM 9221B, F (MTF) ☐ SM 9223 Colisure  
☐ SM 9215B (HPC) ☐ Enterolert ASTM D6503-99 ☐ SimPlate  
☐ Other:

## Temperature

Control: 150.9°C

## Thiosulfate:

- ☒ Present  
☐ Absent  
☐ Undetermined

## P/A Test

100 mL Sample	(+/-)
Total Coliforms	
E. coli	
Enterococci	

## Quantitative Test

Dilution: ☐ 1:10 ☐ 1:100 ☐ 1:1000

100 mL Sample	# Positive wells	MPN/100 mL
Total Coliforms	<u>0-0</u>	<u>&lt;1</u>
E. coli	<u>0-0</u>	<u>&lt;1</u>
Enterococci		

## Heterotrophic Plate Count

Incubated 24, 48, 72hr @ 35°C

Plate A:

Plate B:

Average:

RECEIVED

CFU/mL  
MPN/mL

AUG 07 2018

HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

## MTF Results

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

AUG 2'18 PM 2:44

Received

AUG 2'18 PM 2:26

Placed in Incubator

AUG 3'18 AM 8:37

Results Read/Reported

Analyst: K. JonesReviewed by/Date: 2/1/18 8/13/18

Remarks:

☐ Fax ☐ Email ☐ PhoneLaboratory: ☒ Central Lab (443) 681-3960 ☐ ESRL (410) 219-9005 ☐ WMRL (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.

10-38 01/2017

Program Copy

Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, Maryland 21045

State of Maryland  
MDH-Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205  
**WATER ANALYSIS**



Do not write above this line

Bottle Number HC 15491 Name Robert Natarah County HAWAII County Code 13  
 Location 15491 Rixbury Rd, Glenwood Data Category Code 4F  
 Collected: Date 8/2/18 Time 10:00 AM Collector & Phone BOLESLAV SHKLYAR Submitter Code       
 CHECK (one per box)  
 Drinking Water ☒ Landfill ☐  
 Streams ☐ Other ☐ Community ☐  
 Non-community ☐ Private ☐  
 Other ☐ Source (raw water) ☐  
 Distribution (treated) ☐ MCL ☐  
 Emergency Response ☐  
 Recheck ☐ Special ☐ Federal Project 5

Plant No.      Sampling Station      Preservation: Iced ☒ Acid ☒ Type of Acid H2SO4  
 pH 6.5 Chlorine: Free 0.0 Total 0.0 Specific Conductance       
 Notes to Lab/Remarks: SAMPLES TAKEN FROM BOAT 100m TUD  
NO R/V

[illegible]

Number of Tests Requested		
---------------------------	--	--

SUBMITTER'S COPY

TESTED AS RECEIVED  
Date \_\_\_\_\_  
Reported \_\_\_\_\_



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E19000336 Date Coll. 08/02/2018 Date Received 08/02/2018 Submitted By: B. Shklyar

Field ID: HC15491  
Lab No.: E19000336002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	2.00	mg N/L	08/06/2018
Turbidity	EPA 180.1	2.5	NTU	08/03/2018

### Comments:

Approved by: Shahin Ali

Approval date: 08/07/2018

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. Samples are analyzed as received.

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

File: EnviroFinal-InorganicsA.rpt

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

August 14, 2018

Roberto Nataren  
15491 Roxbury Rd  
Glenwood, MD 21738

**Re: Replacement Well**  
**15491 Roxbury Rd**  
**Well Permit HO-17-0293**

Dear Mr. Nataren,

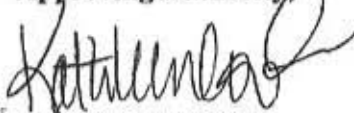
The water sample result indicates that the water sample submitted for testing was free of **coliform** and **E. coli bacteria** at the time of sampling and is bacteriologically safe for drinking. In general, the water sample results were found to be in compliance with **COMAR** water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of **COMAR 26.04.04.00** "Well Regulations" have been met for the water supply system installed under well permit **HO-17-0293**. Although the submitted sample results are in compliance with **COMAR** standards, the Health Department does not guarantee water supplies.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a second bacteriological water sampling within (6) months of receipt of this letter. A list of Maryland certified laboratories can be provided upon request. If a private lab is used, please provide us with a copy of the results.

Approving Authority,



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

**Water Sample Dates on File:**

**August 2, 2018 (Bacteria, Nitrate, Turbidity, Sand – MD State Lab)**

