

C 1		49297		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.					
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 08 10 17				DATE WELL COMPLETED MM DD YY 02 15 17				Depth of Well 22 500 26 (TO NEAREST FOOT)		COUNTY NUMBER OK 4/7/17 SC			
ST/CO USE ONLY		OWNER Land Design + Development				WELL SITE ADDRESS last name first name Morgan Station Rd				TOWN Woodbine		PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-15-0374			
SUBDIVISION FAIRLANE FARM		SECTION				LOT 23									
WELL LOG Not required for driven wells						GROUTING RECORD						C 3			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING						WELL HAS BEEN GROUTED (Circle Appropriate Box) yes no Y N 44 44						PUMPING TEST			
DESCRIPTION (Use additional sheets if needed)						TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC						HOURS PUMPED (nearest hour) 6			
FEET FROM TO						NO. OF BAGS 45 46 19 NO. OF POUNDS 45 1184						PUMPING RATE (gal. per min.) 2.0			
Soil						GALLONS OF WATER 114						METHOD USED TO MEASURE PUMPING RATE Submersible			
Clay						DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 54 BOTTOM 58 ft. to 70 ft. (enter 0 if from surface)						WATER LEVEL (distance from land surface)			
Brown						Casing types insert appropriate code below						BEFORE PUMPING 48 ft.			
Shale						Casing RECORD						WHEN PUMPING 150 ft.			
Med Gray						MAIN CASING TYPE						TYPE OF PUMP USED (for test)			
Rock						Nominal diameter top (main) casing (nearest inch) 6						A air P piston T turbine			
						Total depth of main casing (nearest foot) 70						C centrifugal R rotary O other (describe below)			
						OTHER CASING (if used)						J jet S submersible			
						screen type or open hole						PUMP INSTALLED			
						SCREEN RECORD						DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO			
						C 2						IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.			
NUMBER OF UNSUCCESSFUL WELLS: 0						DEPTH (nearest ft.)						TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29			
WELL HYDROFRACTURED						1 2 10 70 500						CAPACITY: GALLONS PER MINUTE (to nearest gallon)			
CIRCLE APPROPRIATE LETTER						E A C H S R E E N						PUMP HORSE POWER			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED						23 24 26 30 32 36						PUMP COLUMN LENGTH (nearest ft.)			
E ELECTRIC LOG OBTAINED						38 39 41 45 47 51						CASING HEIGHT (circle appropriate box and enter casing height)			
P TEST WELL CONVERTED TO PRODUCTION WELL						SLOT SIZE 1 3						LAND SURFACE			
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.						Diameter of screen (NEAREST INCH)						(nearest foot)			
DRILLERS LIC. NO. 1 M D 355						Gravel pack if well drilled was flowing well insert F in box 68						LATITUDE 39.33960			
DRILLERS SIGNATURE						MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)						LONGITUDE 77.04254			
(MUST MATCH SIGNATURE ON APPLICATION)						T (E.R.O.S.) W Q						(DEFAULT COORD. WGS 84)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						TELESCOPE CASING LOG INDICATOR OTHER DATA						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 1 38600

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0374

fill in this form completely

557434-X please type

Date Received (APA)

8 MM DD YY 13

## OWNER INFORMATION

LAND DESIGN &amp; DEVELOPMENT

15 Last Name Owner First Name 34

5300 DORSEY HALL DR, SUITE 102

36 Street or RFD 55

ELICOT CITY MD 21043

57 Town 70 State 72 Zip 76

## DRILLER INFORMATION

MICHAEL BARLOW M Wb 355

Driller's Name 76 License No. 81

BARLOW WELL DRILLING

Firm Name

522 UNDERWOOD LANE 21014

Address

ME 10/19/15

Signature Date

B 3

## LOCATION OF WELL

HOWARD COUNTY 21

FAIRLINE FARM

23 SUBDIVISION 42

SECTION 44 46 LOT 25 48 50

WOODBINE

52 NEAREST TOWN 71

B 4

## SOURCES OF DRILLING WATER

1. WELL

2.

3.

MORGAN STATION RD

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)

34 1000 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 2 PARCEL 8

B 2

## WELL INFORMATION

1 2

APPROX. PUMPING RATE  
(GAL. PER MIN.)

5 8 12

AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY)

750 14 20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL  
IRRIGATION☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL  
IRRIGATION)☐ INDUSTRIAL, COMMERCIAL, DEWATERING☐ PUBLIC WATER SUPPLY WELL☐ TEST, OBSERVATION, MONITORING☐ OPEN LOOP GEOTHERMAL☐ CLOSED LOOP GEOTHERMALNOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 12/6/16 12/6/17

43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 1/26/17 (SC) DOB: 1/30/17 (SC) DOY: 4/5/17 (SC)

## 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

1/26/17 1/30/17 4/5

-drilling at 220' - 15 bags cement - started pump @ 9:30 am

- 70' PVC casing - 48' static

- little water at 115' - 2 gpm

- 150' m.p.

- 1st 26 well @ 48'; no chan

while pump collected wa

Cl. + TDS samples @ 1 pm

20'

40'

Signed Per L

7.2.15

Prop Line

N

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted &amp; DRIVEN

30 AIR-ROTARY

AIR-PERCUSION

ROTARY (Hydraulic Rotary)

37 CABLE

REVERSE-ROTARY

E-POINT

other

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE  
ABANDONED AND SEALED39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED  
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY  
FOR POLICY ON STANDBY WELLS☐ THIS WELL WILL DEEPEMED AN EXISTING WELLPERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED  
(IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H 2 2 0 1 5 G 0 0 4 (01)

PERMIT No. HO-15-0374

70 71 72 73 74 75 76 77 78 79

## SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium chloride + TDS samples req'd at yield



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood Lane** **Bel Air, Maryland 21014**  
**(410) 838-6910** **Fax (410) 838-3582**

### WELL YIELD REPORT

Date Test Completed: **April 5, 2017**

Well Depth: **500** feet

Customer **Land Design & Development**  
 Road **Galaxy Drive**  
 City **Woodbine**  
 State **Maryland**

Permit # **HO-15-0374**  
 Subdivision **Fairlane Farm**  
 Section  
 Lot # **25**

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	48	4	15.00
9:45 AM	150	30	2.00
10:00 AM	150	30	2.00
10:15 AM	150	30	2.00
10:30 AM	150	30	2.00
10:45 AM	150	30	2.00
11:00 AM	150	30	2.00
11:15 AM	150	30	2.00
11:30 AM	150	30	2.00
11:45 AM	150	30	2.00
12:00 PM	150	30	2.00
12:15 PM	150	30	2.00
12:30 PM	150	30	2.00
12:45 PM	150	30	2.00
1:00 PM	150	30	2.00
1:15 PM	150	30	2.00
1:30 PM	150	30	2.00
1:45 PM	150	30	2.00
2:00 PM	150	30	2.00
2:15 PM	150	30	2.00
2:30 PM	150	30	2.00
2:45 PM	150	30	2.00
3:00 PM	150	30	2.00
3:15 PM	150	30	2.00
3:30 PM	150	30	2.00
3:45 PM	150	30	2.00
*The water level on lot 26 water monitored during this test. Static level on lot 26 was			
50 feet. The water level did not move during the test on lot 25			
This yield test report is for informational purposes only. Please note the yield may increase or decrease			
over time and the GPM indicated above is not a guarantee.			

**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 Sump Pump

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410-795-5670  
Address: 1530 Obrecht Rd  
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): David C Foale 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: NJR Inc Telephone #: \_\_\_\_\_  
Subdivisor: Fairlane Farms Lot #: 25 Well Tag #: HO-15-0374 ☒ OK 05/29/2019  
Site Address: 15205 Torino Way  
Woodbine, MD 21797

<u>Seamless Pump Date</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Cumobell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7HS1012Z</u>	Model #: <u>NA</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>2</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>500'</u> (feet)	Conduit secured to well cap: <u>YES</u>	

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4  
Tie-in connections, Cable guards, or other acceptable method used - Must circle one  
Safety rope, if used, attached to Incess rope adapter or other acceptable method inside of well casing. NA

<u>Pipe 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>200</u> (psi min)	Length of sleeve: <u>5'</u> (minimum from foundation): <u>10'</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 18 feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 5/29/19

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

Date Insp Requested: 05/29/2019 Date Insp. Approved: 05/29/2019 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 39" 05/29/2019 [Signature]  
Two piece cap installed and attached to casing securely 36" 05/29/2019 [Signature]  
Elec. conduit extends at least 18" below grade/attached to cap properly 30" 05/29/2019 [Signature]  
Safety rope not outside of well cap/lasing 7' 05/27/2019 [Signature]  
Current well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

Ex House  
5/29/2019



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

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 2, 2020**

August 2, 2019

Homeowner  
15205 Torino Way  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 25**  
**15205 Torino Way**  
**Building Permit: B19000565**  
**Well Permit: HO-15-0374**

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 **06/5/2019**. Final approval of the well line connection to the dwelling was granted on **5/29/2019**. The well construction was completed on **2/15/2017**. Water samples were collected on **7/24/2019, 7/31/2019**.

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-15-0374. 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.**

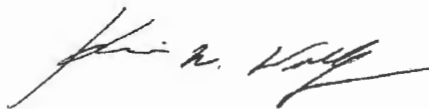
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

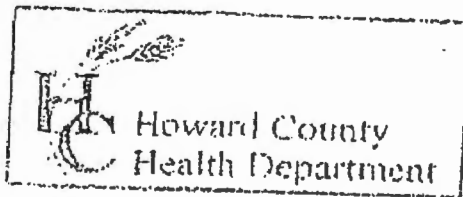
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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



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

Fair Lane Farm  
Subdivision

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 Fisher Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 3/29/16 (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

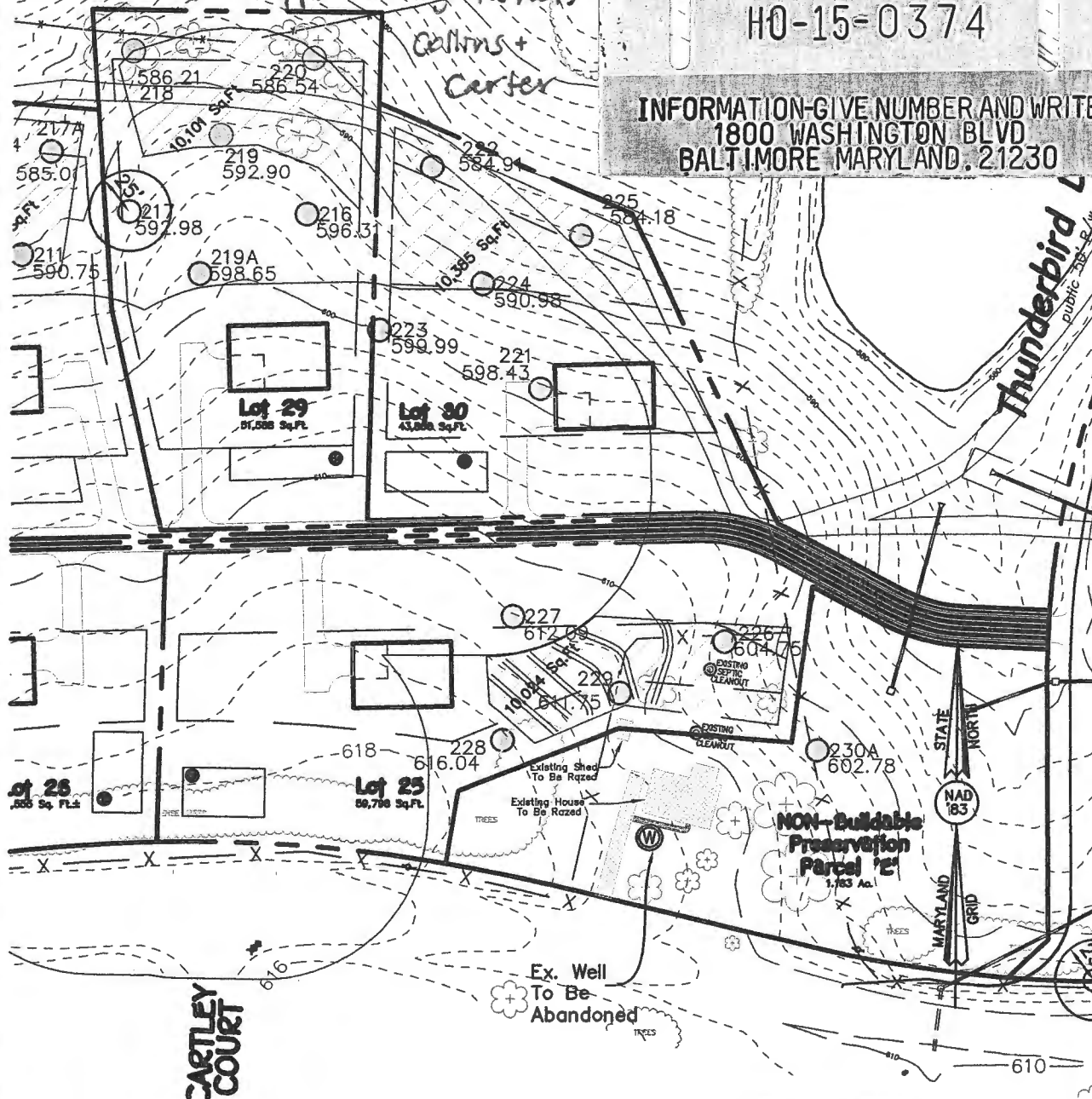
Well box approved  
12/6/16 SC

Well box approved by Fishers  
Collins +  
Carter

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

H0-15-0374

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND. 21230



# WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 25

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'  
AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'  
TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: October 13, 2015



**Collins, Sarah**

---

**From:** Mike Isom <misom@mbwd.us>  
**Sent:** Friday, December 09, 2016 11:38 AM  
**To:** Collins, Sarah  
**Subject:** Re: Fairlane lot 18

I'll make a site visit to place flags in the well boxes for max separation.

Sincerely,

Michael Isom  
Project Manager  
Michael Barlow Well Drilling Service  
Phone: (410) 838-6910  
Fax: (410) 838-3582  
522 Underwood Lane  
Bel Air, MD 21014  
[www.michaelbarlowwelldrilling.com](http://www.michaelbarlowwelldrilling.com)  
[www.thermalloopcorp.com](http://www.thermalloopcorp.com)  
[Click HERE to like us on Facebook!](#)

On 12/9/2016 10:56 AM, Collins, Sarah wrote:

Hi Mike,

I had some time in the office this morning and I went through the rest of the Fairlane permits. Lots 25 & 26, lots 29 & 30, and lots 40 & 41 have well boxes that are close- please have the driller drill as far as possible from the neighboring lot or we may need to do simultaneous yield testing if yields are low.

Thanks,  
Sarah

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**From:** Mike Isom [<mailto:misom@mbwd.us>]  
**Sent:** Friday, December 09, 2016 9:03 AM  
**To:** Collins, Sarah  
**Subject:** Re: Fairlane lot 18

Mail them please.

No yield testing today, but Monday for sure.

Sincerely,

Michael Isom  
Project Manager  
Michael Barlow Well Drilling Service  
Phone: (410) 838-6910  
Fax: (410) 838-3582  
522 Underwood Lane

---

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

February 20, 2018

Homeowner  
15205 Torino Way  
Woodbine, MD 21797

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 10.44 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 40 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 158 mg/L.**

Levels of contaminants in groundwater may change over time due to construction activities or seasonal variations in weather. Given the intermediate level of sodium in the water at the time of sample collection, you should consider future testing.

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File

Send Report To: Bert Nixon  
Howard Co. Health Dept.  
Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. Date Received



E17003946001

Received: 04/06/2017

Metals

HO-15-0374

## LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0374 Site Name: Fairlane Farm - Lot 25 County: Howard

Sample Source: Thunderbird Drive Woodbine Collector: S. Collins  
Street Town or City Name

Date Collected: 4 / 5 / 20 17 Time Collected: 1:00 a.m. 1:00 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO<sub>3</sub>          mL pH: 2.2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code ☐ Non-Community ☐ Sediment ☐ Other           
☒ Private

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other         

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)

Remarks: Sample collected during yield test.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>W</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor:                                 

Date Reported:      /      /



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



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E17003946 Date Coll.: 04/05/2017 Date Received 04/06/2017 Submitted By: Collins

Field ID: HO-15-0374  
Lab No.: E17003946001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	10.44	ppm	04/07/2017

### Comments:

Approved by: Sadia Nunez

Approval date: 04/10/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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) 767-6944 and arrange for return or destruction.

Send Report To: Bert Nixon

Howard Co. Health Dept.

Bureau of Environmental Health

9930 Stanford Blvd.

Columbia, MD 21045

State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
INORGANICS ANALYTICAL LABORATORY  
1770 Ashland Ave  
Baltimore, Maryland 21205  
WATER ANALYSIS



E17003944001

Received: 04/06/2017

Inorganic

HO-15-0374

S A M P L E  I D	Bottle Number	H0-15-0374		Name	Fairlane Farm - Lot 25		County	Howard	County Code	13	
	Location	Thunderbird Drive			Woodbine		Data Category Code	4F			
	Collected: Date	4/5/17		Time	1:40 pm		Collector & Phone	S. Collins 410-313-6287		Submitter Code	
	CHECK (one per box)										
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Federal Project		S
Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input checked="" type="checkbox"/>				
Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>				
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>				

F I E L D	Plant No.				Sampling Station				Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid		
	pH				Chlorine: Free				Total				Specific Conductance		
	Notes to Lab/Remarks: Sample collected during yield test.														

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief

Date

Reported





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



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE17003944 Date Coll. 04/05/2017 Date Received 04/06/2017 Submitted By:S. Collins

Field ID: HO-15-0374  
Lab No.: E17003944001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	40	mg/L	04/10/2017
Total Dissolved Solids	SM 2540C	158	mg/L	04/10/2017

### Comments:

Approved by:

Approval date: 04/13/2017

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

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

**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 #:	131583	Account #:	1933
Reference:	Fairlane Farm Lot 25	Company:	Fogles Well Pump & Treatment
Location:	15205 Torino Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	7/24/2019 0700	Site:	Kitchen Sink Tap
Date/Time Rec'd:	7/24/2019 0920	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	B. Wilkerson 9315BW	Well #:	HO-15-0374

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	8.7	MPN/ 100 ml	<1.0	SM20 9223B	7/25/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/25/2019 / 1000 / CRS
Nitrate	5.21	mg/L	10	601	7/25/2019 / 1000 / RER
Turbidity	1.36	NTU	<10	SM20 2130B	7/25/2019 / 1005 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	7/25/2019 / 1005 / RER

**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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use &amp; Occupancy

Building Permit # : 19000565

Date Reported: 7/25/2019

**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 #:	131749	Account #:	1933
Reference:	Fairlane Farm Lot 25	Company:	Fogles Well Pump & Treatment
Location:	15205 Torino Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	7/31/2019 0750	Site:	Kitchen Sink Tap
Date/Time Rec'd:	7/31/2019 1310	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.7
Collected By:	J. Evans 7411JE	Well #:	HO-15-0374

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/1/2019 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/1/2019 / 0830 / RER

**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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy**Building Permit # :** 19000565Date Reported: 8/1/2019