

C155722SEQUENCE 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 NUMBERXIII

ST/CO USE ONLY
DATE RECEIVED
MMDDYY052318

DATE WELL COMPLETED
MMDDYY050218

Depth of Well
2230526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-17-0255

OWNER
GILLIELE FAMILY L.L.C.
WELL SITE ADDRESS
HIGH STEPPER TRAIL
SUBDIVISION
WALKER MEADOWS

first name
TOWN
SYKESVILLE
SECTION
LOT
10

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	
TAN GROUND	0	35	
GRAY ROCK	35	74	X
TAN ROCK	74	78	X
GRAY ROCK	78	305	X

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS12NO. OF POUNDS600
GALLONS OF WATER240
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to67ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
MAIN
CASING
TYPEPLNominal diameter
top (main) casing
(nearest inch)6Total depth
of main casing
(nearest foot)69
606163646670

OTHER CASING (if used)
diameter
inchdepth (feet)
fromto
EACH
CASING

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
STEELSTBRHO
BRASSBRONZE
PLASTICPLOTHER

C2DEPTH (nearest ft.)
12H067305
EACH
CASING
18911151721
2232426303236
3383941454751
SLOT SIZE 123
DIAMETER
OF SCREEN6(NEAREST
INCH)
5660
fromto

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 6868

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T(E.R.O.S.)WQ
7072747576
TELESCOPE
CASINGLOG
INDICATOROTHER DATA

C3PUMPING TEST
HOURS PUMPED (nearest hour)4
PUMPING RATE (gal. per min.)12
METHOD USED TO
MEASURE PUMPING RATEWATCH & BUCKET
WATER LEVEL (distance from land surface)
BEFORE PUMPING36ft.
WHEN PUMPING57ft.
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother
(describe below)
JjetSsubmersible

PUMP INSTALLED
DRILLER INSTALLED PUMPYESNO
(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 2929
CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)3135
PUMP HORSE POWER3741
PUMP COLUMN LENGTH
(nearest ft.)4347
CASING HEIGHT (circle appropriate box
and enter casing height)
+above- below
LAND SURFACE2(nearest
foot)
495051

LATITUDE 39.343946
LONGITUDE 76.940533
(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.

TAG-5/14/2018④

B 1		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER	
1 2 3 4 5 6		54010	302902-T please type		40-17-0255 fill in this form completely	
Date Received (APA) 8/22/18 8 MM DD YY 13			B 3 LOCATION OF WELL			
OWNER INFORMATION Gilliece Family LLC 15 Last Name Owner First Name 34 13111 Linden Church Rd 36 Street or RFD 55 Clarksville MD 21029 57 Town 70 State 72 Zip 76			Howard 8 COUNTY 21 Walker meadows 23 SUBDIVISION 42 SECTION 44 46 LOT 10 48 50 Sykesville 52 NEAREST TOWN 71			
DRILLER INFORMATION Randall Alexander M W D 576 Driller's Name 76 License No. 81 Alexander's Well Drilling Firm Name 126 West Main St. P.O. Box 443 Fairfield, PA 17320 Address Signature Date 2/16/2018			B 4 SOURCES OF DRILLING WATER 1. well water 2. 3.			
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)			Highstepper Trail 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Approx. 34 250 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 6 PARCEL 66			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 05/06/18 43 MM DD YY 48 CO SIGNATURE EXP. DATE 05/06/19 Dep: 5/1/18 @ Doc: 05/02/2018 @ Day: 05/02/2018 @			
APPROXIMATE DEPTH OF WELL 300 FEET 24 28			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			
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			Highstepper Tr. 5/1/2018 @ 80' steel casing 65'-66' tan soft rock 37' gray rock * ABANDONED WELL			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other			REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 402016004 PERMIT No. 40-17-0255 70 71 72 73 74 75 76 77 78 79			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.			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			2nd well attempt 300' deep Back @ 35' Grant Ben Seal Lot 102071PS 13 bags			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0255
Location of property (road) HIGH STEPPER TRAIL SYKESVILLE, MD.
Subdivision WALKER MEADOWS Lot 10 Block 6 Plat _____ Sec. _____
Well Driller ALEXANDERS WELL DRILLING Owner GILLIECE FAMILY L.L.C.

Depth of well 305
Distance of measuring point (M.P.) above ground 2 FT.
Static water level (S.W.L.) below M.P. 36

I. High rate pumping -- reservoir drawdown
Time pump started 1:15 PM Pumping rate 12 G.P.M.
Total time 1 HR. to reach pumping water level 57 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 X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:15 PM	36 FT.	5 SEC.		12 G.P.M.
1:30	42 FT.	5 SEC.		12 G.P.M.
1:45	49 FT.	5 SEC.		12 GPM
2:00	53 FT.	5 SEC.		12 GPM
2:15	57 FT.	5 SEC.		12 GPM
2:30	57 FT.	5 SEC.		12 GPM
2:45	57 FT.	5 SEC.		12 GPM
3:00	57 FT.	5 SEC.		12 GPM
3:15	57 FT.	5 SEC.		12 GPM
3:30	57 FT.	5 SEC.		12 GPM
3:45	57 FT.	5 SEC.		12 GPM
4:00	57 FT.	5 SEC.		12 GPM
4:15	57 FT.	5 SEC.		12 GPM
4:30	57 FT.	5 SEC.		12 GPM
4:45	57 FT.	5 SEC.		12 GPM
5:00	57 FT.	5 SEC.		12 GPM
5:15	57 FT.	5 SEC.		12 GPM
5:30	57 FT.	5 SEC.		12 GPM

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

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: Coates Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 590 Abrecht 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 COATES License# MSD2226

*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: NVR INC Telephone #: _____
Subdivision: Walker Meadows Lot #: 10 Well Tag #: HO-17-0255
Site Address: 1031 Stepping Place
Sykesville, MD 21784

Submersible Pump Data

Make: Grundfos
Model #: 7H50S422
Pump Capacity: 7
Well Yield: 12

Pitless Adapter

Make: Campbell+
Model#: NA
GPM Depth: 36" (36" min)
GPM 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: 805 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

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

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
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

8/19/19

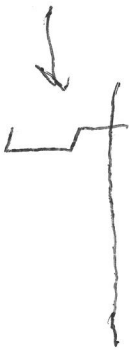
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/19/19 Date Insp. Approved: 8/20/19 Inspector: SC 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 ✓

(Revised form 10/24/2018)

back right
corner of house



WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 05-02-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: RANDALL L. ALEXANDER

* OWNER'S NAME: GILLZECE FAMILY L.L.C.

* WELL LOCATION:

COUNTY: HOWARD

NEAREST TOWN: SYKESVILLE

TAX MAP 9 BLOCK 6 PARCEL 66

SUBDIVISION: WALKER MEADOWS

SECTION: LOT: 10

STREET ADDRESS: HIGH STEPPER TRAIL

SYKESVILLE, MD.

LATITUDE 3 9 . 3 4 4 0 1 2

LONGITUDE 7 6 . 9 4 0 5 3 4

THE DRILLED HOLE FOR THE WELL CASING WAS NOT PLUMB. THE HOLE WAS ABANDONED AND SEALED BECAUSE IT WAS NOT PLUMB.

* 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)
NONE

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 78 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 65

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

Randall Alexander

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

COUNTY

OK
4/4/2018
@

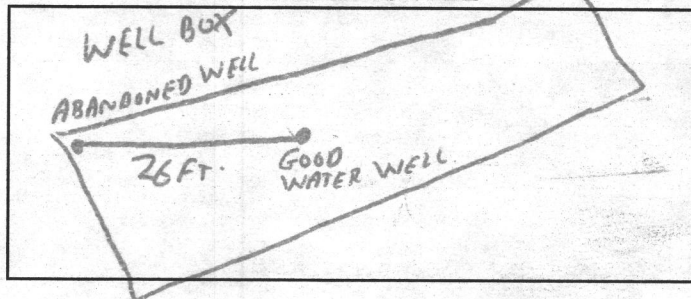
H0 - 17 - 0255

H0 - 17 - 0255

WELL DRILLER'S LICENSE NUMBER: 576

CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
BENTONITE SLURRY	76 FT.	0 FT. GROUND SURFACE

VOLUME OF MATERIAL USED

37-50 LB. BAGS BENTONITE = 1850 LBS
37 BAGS X 20 GALLONS WATER PER BAG = 740

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GALLONS
OF
WATER

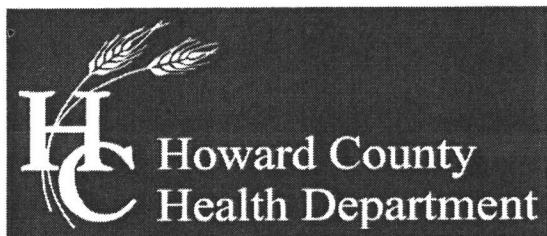
576
MWD / MSD / MGS

CIRCLE ONE

DATE

5-2-18





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 for new construction, please indicate one of the following:

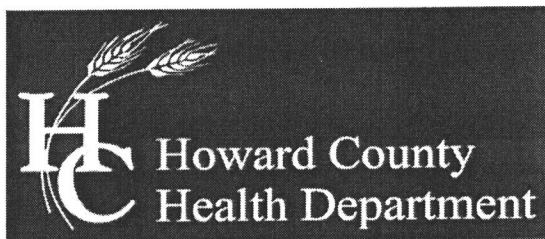
Well Site Location:

<u>WALKER MEADOWS</u>	<u>1-8, 11</u>	<u>HIGH STEPPER TRAIL</u>
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 3/26/2018 (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.



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 for new construction, please indicate one of the following:

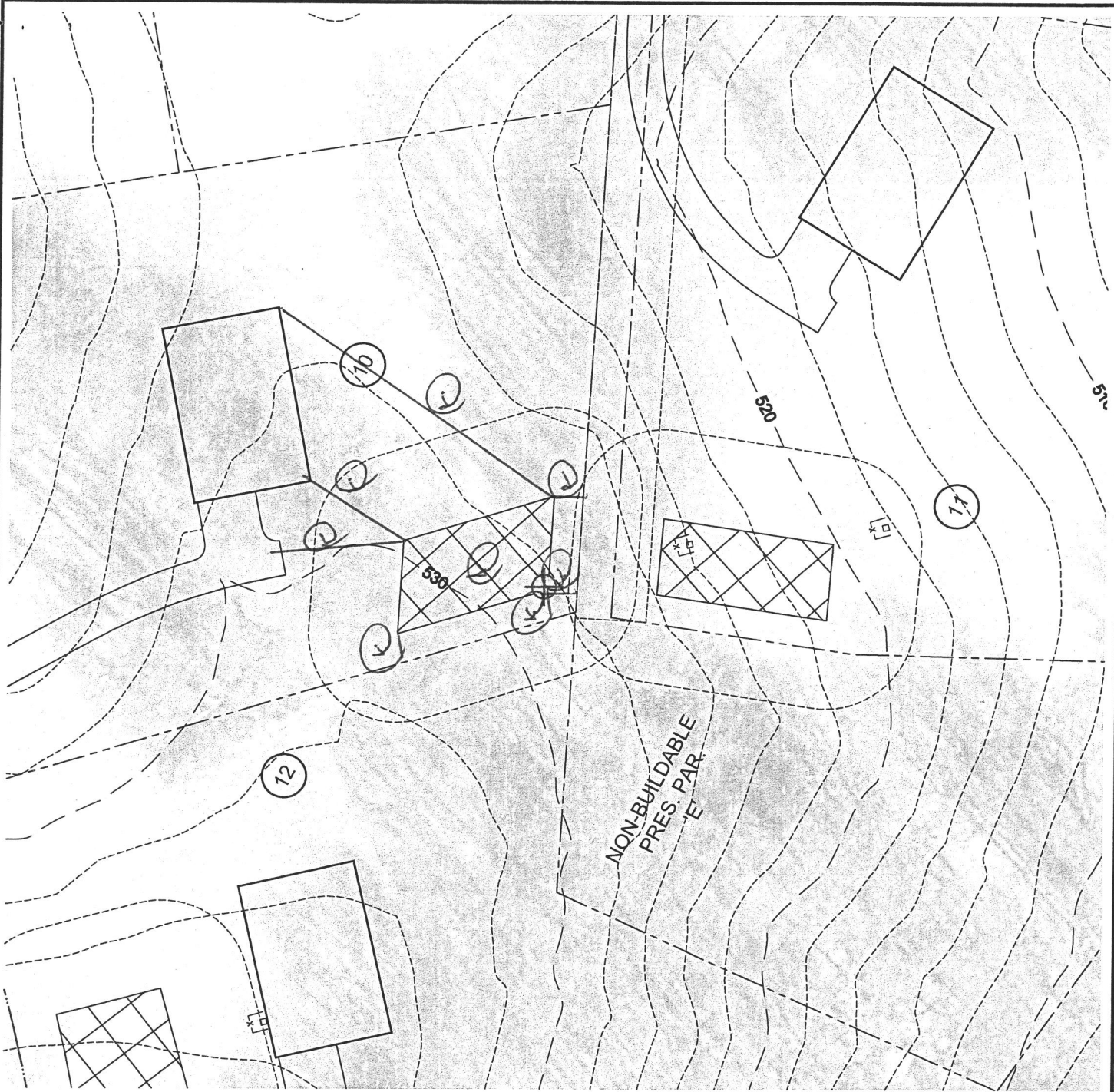
Well Site Location:

	9	HIGH STEPPER TRAIL
	15-21	STEPPING PLACE
WALKER MEADOWS	22-34, BPPA'	MAYAPPLE TRAIL
Subdivision/Property Name	Lot #	Road Name

- ☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 3/28/2018 (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.

Development\Walker Meadows\CAD\ESD-WM-Report Set.dwg

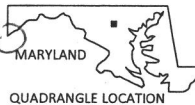


LEGEND

Walker Meadows Lot 10

HO-17-0255

Approved 2/6/18
Sealed by DAC




QUADRANGLE LOCATION



SCALE IN FEET



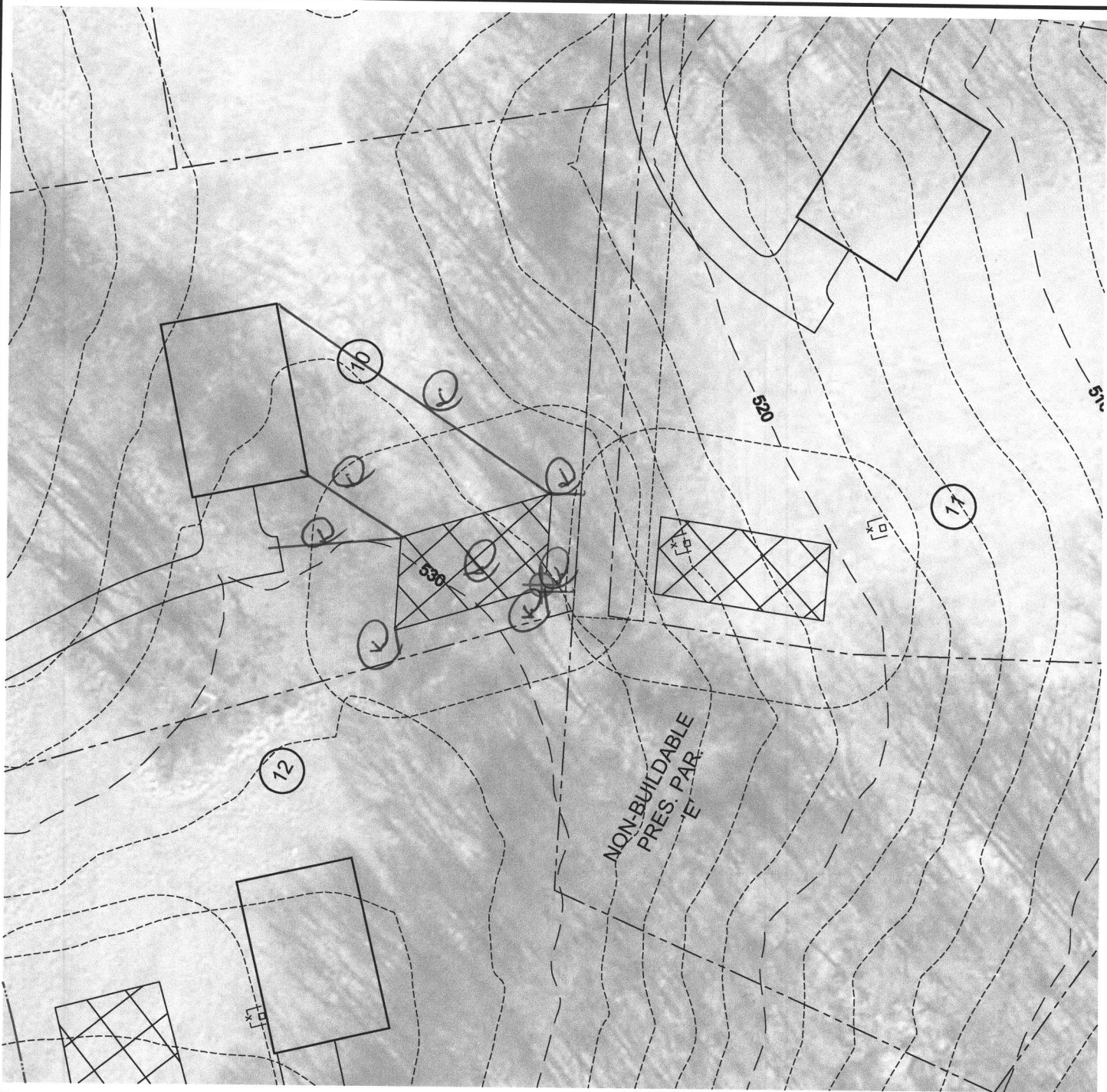
agency website
agency" dated 2016.

client:		Elm Street Development	
project location:		Sykesville, Howard County, Maryland	
 www.hydro-terra.com		project:	
		Water Supply Development	
		Lot #10 Proposed Test Well	
		Location Map	
file no.	ESD-WM-Report Set.dwg	Figure:	
drawn	M. Swam	date	02/09/18
checked	J. Lindaw	date	02/09/18
approved	M. Haufier	date	02/09/18

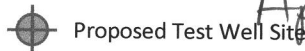
1

Plotted on: February 9, 2018

H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



LEGEND

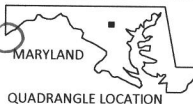


Proposed Test Well Site

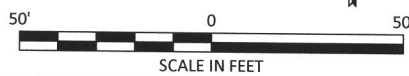
Walker Meadows Lot 10

HO-17-0255

Approved 2/6/18
STAKED BY DDC




QUADRANGLE LOCATION



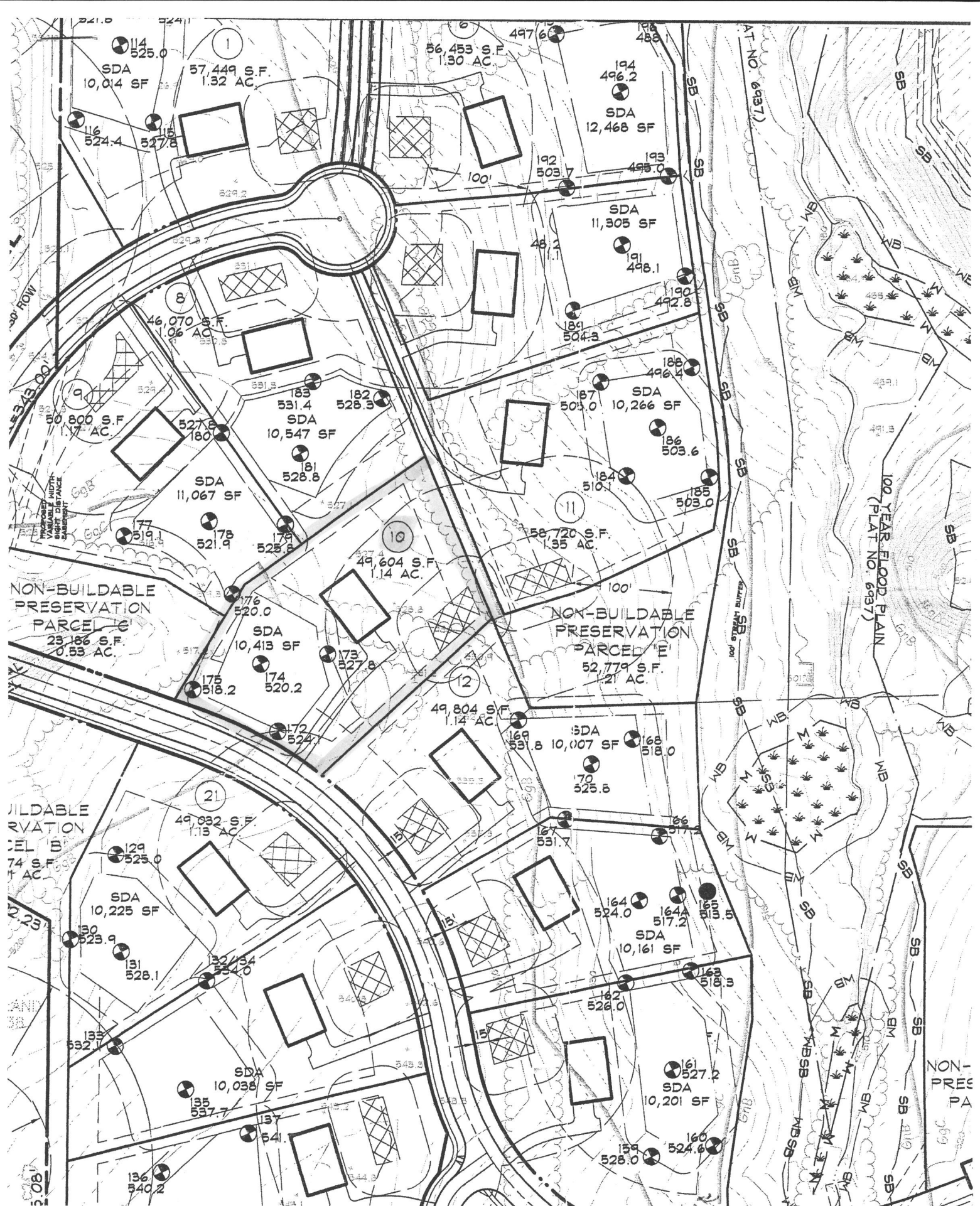
SCALE IN FEET

NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

client:		Elm Street Development	
project location:		Sykesville, Howard County, Maryland	
 www.hydro-terra.com		project:	
		Water Supply Development	
		Lot #10 Proposed Test Well Location Map	
		file no. ESD-WM-Report Set.dwg	
drawn	M. Swam	date	02/09/18
checked	J. Lindaw	date	02/09/18
approved	M. Hawfler	date	02/09/18
			figure: 1

Plotted on: February 9, 2018



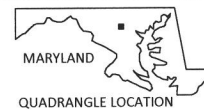
H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



LEGEND



Proposed Test Well Site




QUADRANGLE LOCATION



SCALE IN FEET

NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

client: Elm Street Development			
project location: Sykesville, Howard County, Maryland			
 www.hydro-terra.com	project: Water Supply Development Lot #10 Proposed Test Well Location Map		
	file no.	ESD-WM-Report Set.dwg	figure: 1
	drawn M. Swam	date 02/09/18	
	checked J. Lindaw	date 02/09/18	
approved M. Haufley		date 02/09/18	

Plotted on: February 9, 2018

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 4, 2020

October 4, 2019

Homeowner
1031 Stepping Place
Sykesville, MD 21784

**RE: Walker Meadows, Lot 10
1031 Stepping Place
Building Permit: B19001811
Well Permit: HO-17-0255**

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 **9/10/2019**. Final approval of the well line connection to the dwelling was granted on **8/20/2019**. The well construction was completed on **5/2/2018**. Water samples were collected on **9/24/2019, 10/3/2019**.

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-17-0255. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

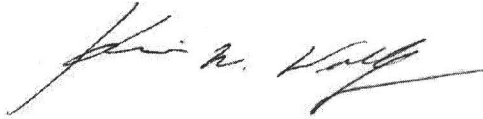
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

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 #: 133272 Account #: 1933
Reference: Walker Meadows Lot 10 Company: Fogles Well Pump & Treatment
Location: 1031 Stepping Place Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 10/3/2019 0830 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/3/2019 1025 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: B. Wilkerson 9315BW Well #: HO-17-0255

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/4/2019 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/4/2019 / 0900 / 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 # : 19001811

Date Reported: 10/4/2019

MD State Certification # 133

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 #: 133041 Account #: 1933
Reference: Walker Meadows Lot 10 Company: Fogles Well Pump & Treatment
Location: 1031 Stepping Place Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 9/24/2019 0830 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/24/2019 1010 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-17-0255

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM20 9223B	9/25/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/25/2019 / 0900 / CRS
Nitrate	2.79	mg/L	10	601	9/24/2019 / 1445 / RER
Turbidity	1.25	NTU	<10	SM20 2130B	9/24/2019 / 1555 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	9/24/2019 / 1555 / 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 & Occupancy**Building Permit # :** 19001811Date Reported: 9/25/2019*MD State Certification # 133*