

C 1		49287		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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 03 21 17		DATE WELL COMPLETED MM DD YY 03 02 17		Depth of Well 22 450 26 (TO NEAREST FOOT)		COUNTY NUMBER OK 3/23/17 SC 28 29 30 31 32 33 34 35 36 37			
OWNER LAND DESIGN + Development		WELL SITE ADDRESS last name Morgan Station Rd		TOWN Woodbine		SUBDIVISION FARLANE FARM		SECTION LOT 44			
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63 ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.29 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 98 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 (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE (nearest foot) - below 49 50 51			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 A C H S C 3 R E E N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 68 from to		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		LATITUDE 39.33944 LONGITUDE 77.03947 (DEFAULT COORD. WGS 84)	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CAGING 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.			
DRILLERS LIC. NO. M D 355		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. A W 920		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		COUNTY			

TAG: 1/30/17 (SC)

B 1 38519

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

STATE PERMIT NUMBER

H0-15-0392
fill in this form completely

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

LAND DESIGN DEVELOPMENT
 15 Last Name Owner First Name 34
 530 JORSEY 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 D 355
 Driller's Name 76 License No. 81
 BARLOW WELL DRILLING
 Firm Name
 512 UNDERWOOD LANE 21014
 Address
 ME 10/19/15
 Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 750
 (GAL. PER DAY) 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 GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ 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 DEEPMAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER H0201SG004 (01)

PERMIT No. H0-15-0392

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium chloride + TDS samples req'd at yield

B 3 LOCATION OF WELL

HOWARD
 8 COUNTY 21
 FARLANE FARM
 23 SUBDIVISION 42
 SECTION 44 46 LOT 44 48 50
 WOODBINE
 52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

1. WELL
 2.
 3.

MORGAN STATION #1

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13
 COUNTY NAME COUNTY NO.
 STATE
 SIGNATURE INSERT S → 41
 DATE ISSUED 12/9/16 Sub C.H. 12/9/17
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 1/27/16 (SC) DOG: 1/30/17 (SC) DOY: 3/2/17 (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

1/27/16

- just finished drilling, pulling Prop Line
out rods

- 450' deep

- 60' PVC casing

- water at 80', 410'

~6 gpm

1/30/17

- 20 bags cement used,
will top off once settled

N

31/4/17

- Started pumping at 10 am - collected sodium,
 - 48' static, 96' measuring point chloride + TDS @ 12 pm
 - 4.2 gpm, level rising so maybe closer to 4.5 gpm



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed: March 2, 2017

Well Depth: 450 feet

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

Permit # HO-15-0392
Subdivision Fairlane Farm
Section
Lot # 44

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	48	5	12.00
10:00 AM	100	15	4.00
10:15 AM	98	14	4.29
10:30 AM	98	14	4.29
10:45 AM	98	14	4.29
11:00 AM	98	14	4.29
11:15 AM	98	14	4.29
11:30 AM	98	14	4.29
11:45 AM	98	14	4.29
12:00 PM	98	14	4.29
12:15 PM	98	14	4.29
12:30 PM	98	14	4.29
12:45 PM	98	14	4.29
1:00 PM	98	14	4.29
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 Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 15-0392
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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

Piping to house

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

House Connection

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

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 08/06/2019 Date Insp. Approved: 08/06/2019 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"
Two piece cap installed and attached to casing securely ✓ 30"
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 30"
Safety rope not outside of well cap/casing ✓ 37"
Correct well tag attached properly and casing 8" above finished grade ✓ 19"
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

EX HOUSE



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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – APRIL 7, 2019

October 7, 2019

Homeowner
1004 Thunderbird Drive
Woodbine, MD 21797

RE: Fairlane Farm, Lot 44
1004 Thunderbird Drive
Building Permit: B19001543
Well Permit: HO-15-0392

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/7/2019**. Final approval of the well line connection to the dwelling was granted on **8/6/2019**. The well construction was completed on **3/2/2017**. Water samples were collected on **10/2/2019**.

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-15-0392. 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.**

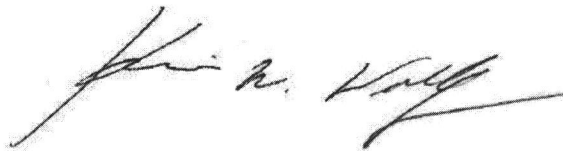
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

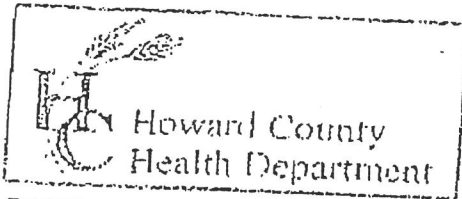
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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

Fair Lane Farm
Subdivision

TO ALL INTERESTED PARTIES

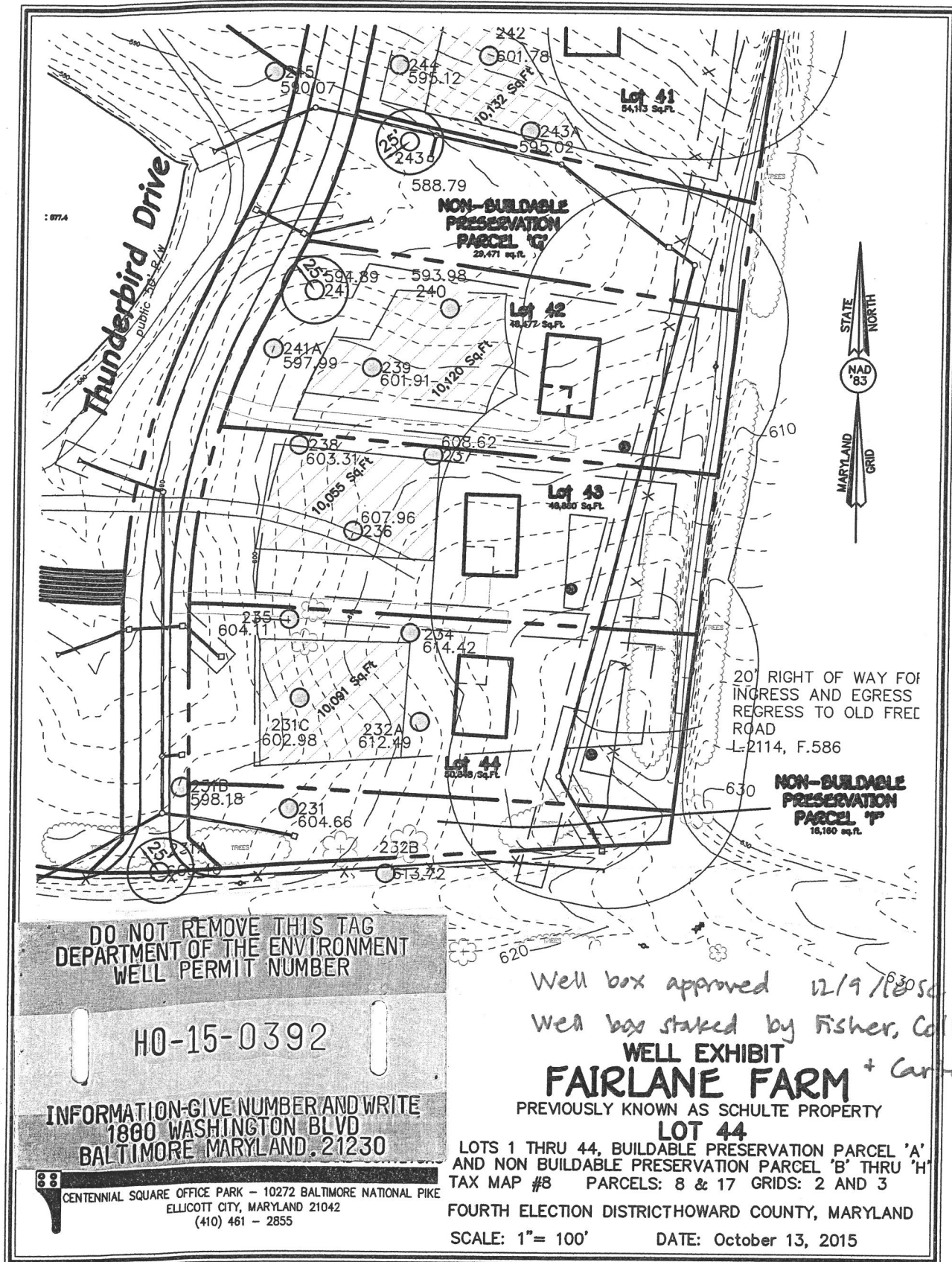
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by 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

F:\2005\05106\dwg\05106 Well Exhibits.dwg, 10/14/2015 11:34:02 AM, 1:1



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

February 20, 2018

Homeowner
1004 Thunderbird Drive
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 8.61 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 28 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 189 mg/L.**

Feel free to 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
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

LABORATORY ANALYSIS REQUEST

Lab No. Date Received



E17003420003

Received: 03/03/2017

Metals

HO-15-0392

Do not write above this line

Please Print

Digital

Sample ID No: HO-15-0392 Site Name: Fairlane Farm - lot 44 County: Howard

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

Date Collected: 3 / 2 / 20 17 Time Collected: 12 a.m. 12 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab,
Preservative Used: ☒ HNO₃ mL pH: 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>CMC</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ____/____/____

DHMH 4432 (05/15)

• Phone: (443) 681-3857

• Fax: (443) 681-4507

SUBMITTER'S COPY



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: E17003420 Date Coll.: 03/02/2017 Date Received 03/03/2017 Submitted By: Collins

Field ID: HO-15-0392
Lab No.: E17003420003

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.61	ppm	03/10/2017

Comments:

Approved by: Sadia Muneer

Approval date: 03/15/2017

**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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

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 #: 133209 Account #: 1933
Reference: Fairlane Farms Lot 44 Company: Fogles Well Pump & Treatment
Location: 1004 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/2/2019 0730 Site: Kitchen Sink Tap —?
Date/Time Rec'd: 10/2/2019 0835 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Evans 0309JE Well #: HO-15-0392

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/3/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/3/2019 / 1000 / CRS
Nitrate	8.79	mg/L	10	601	10/3/2019 / 0900 / CRS
Turbidity	1.93	NTU	<10	SM20 2130B	10/3/2019 / 0920 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/3/2019 / 0920 / CRS

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 # : 19001543

Date Reported: 10/3/2019

SUBMITTER'S COPY



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 NoE17003419 Date Coll. 03/02/2017 Date Received 03/03/2017 Submitted By:S. Collins

Field ID: HO-15-0392
Lab No.: E17003419003

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	28	mg/L	03/13/2017
Total Dissolved Solids	SM 2540C	189	mg/L	03/06/2017

Comments:

Approved by:

Approval date: 03/15/2017

*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.

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