

C1 41854 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 566424 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-18-0128 ST/CO USE ONLY DATE RECEIVED 01/01/20 DATE WELL COMPLETED 12/19/2019 APPROVED BY 2/3/2020 22 DEPTH OF WELL 425.26 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER Phillipa Gregory WELL SITE ADDRESS 13842 B. Brighton Dam TOWN Clarksville, Md SUBDIVISION SECTION LOT

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 FROM TO check if water bearing Sand 0 53 Mica Rock 53 425 Water 210, 285, 395

GROUTING RECORD yes no Y N WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1695 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 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 ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

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

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

DEPTH (nearest ft.) 110 61 425 C2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 5 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 81 ft. WHEN PUMPING 306 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.19732 LONGITUDE 76.99346 (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.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes no Y N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. 1 M SD 027 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

<b>B 1</b>	<b>64931</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>5d0424</i> please type	STATE PERMIT NUMBER <b>HO - 18 - 0128</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <b>10-21-19</b> <small>8 MM DD YY '13</small>		<b>OWNER INFORMATION</b> Last Name <i>Phillips</i> Owner <i>Gregory</i> First Name <i>Gregory</i> 7846 River Rock Way Columbia Md 21044 Town State Zip		
<b>DRILLER INFORMATION</b> Driller's Name <i>Larry Mayne</i> M S D <i>027</i> License No. 81 Firm Name <i>Joseph L. Mayne Well Drilling</i> Address <i>5512 Ridge Rd Mt Airy Md 21771</i> Signature <i>Larry Mayne</i> Date <i>10-21-2019</i>		<b>LOCATION OF WELL</b> COUNTY <i>Howard</i> SUBDIVISION SECTION <i>44</i> LOT <i>46</i> NEAREST TOWN <i>Clarksville</i>		
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <i>500</i> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <i>14</i>		<b>SOURCES OF DRILLING WATER</b> 1. <i>Well</i> 2. <i>12/19/19</i> 3. <i>Grant Portland Cement</i> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD <i>40</i> FT ENTER FT OR MI <i>FT</i> TAX MAP: <i>34</i> BLK: PARCEL <i>232</i>		
<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>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <i>Howard</i> COUNTY NO. <i>13</i> STATE SIGNATURE <i>Jesse Throop</i> INSERT S → DATE ISSUED <i>11/26/19</i> EXP. DATE <i>11/26/20</i> DON: 12/18/19 SD DOG: 12/18/19 SD DOY: 12/18/19 SD		
APPROXIMATE DEPTH OF WELL <i>300</i> FEET APPROXIMATE DIAMETER OF WELL <i>6</i> INCH		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 <i>12/18/19</i> <i>12:30pm: 270'</i> <i>~1 gal</i> <i>bed rock: 57'</i> <i>Casing: 63'</i> <i>12/19/19</i> <i>water 210, 290, 395</i> <i>total depth 425'</i> 		
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPMEN 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <i>HO - 18 - 0128</i>		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>SPECIAL CONDITIONS</b> <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> <i>Get sodium, chloride, TDS, metals</i>		2 COUNTY		





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: All Around Plumbing, Inc Telephone #: 301-698-1028

Address: 530 E. Church St.  
Frederick MD 21701

Plumbing Permit # P20001026

(Must circle one) Licensed Plumber Licensed Well Driller

Licensed Well Pump Installer

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

Name (Print): J. Brendan Madden

License # 20020018121

\*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: Washington Suburban San. Telephone #: 301-698-1028

Subdivision: 13842 Brighton Dam Rd Lot #: 1 Well Tag #: HO-18-0128

Site Address: Clarksville MD 21049

04/15/2020

**Submersible Pump Data**

Make: Goulds

Model #: 56510422C

Pump Capacity 5 GPM

Well Yield: 5 GPM

Depth of well encountered at time of pump installation: 425 (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 ✓

**Pitless Adapter**

Make: Boshart

Model #: P-100-55

Depth: 42" (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: ✓

**Piping to house**

Type: POLY

PSI: 200 (160 psi min)

Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ✓

Length of sleeve (5' minimum from foundation): yes 5'

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: Brendan Madden

date 4/15/2020

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

Date Insp. Requested: 04/15/2020 Date Insp. Approved: 04/15/2020 Inspector: (initials)

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 ✓

46" 04/15/2020  
46" 04/15/2020  
21" 04/15/2020  
7' 04/15/2020

10' x 10' House  
04/15/2020



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 25, 2020**

August 25, 2020

Homeowner  
13816 (13842) Brighton Dam Road  
Clarksville, MD 21029

**RE: Gatewood Property, P. 232**  
**13816 (13842) Brighton Dam Road**  
**Building Permit: B20000120**  
**Well Permit: HO-18-0128**

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 **7/7/2020**. Final approval of the well line connection to the dwelling was granted on **4/15/2020**. The well construction was completed on **12/19/2019**. Water samples were collected on **8/12/2020, 8/17/2020**.

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-18-0128. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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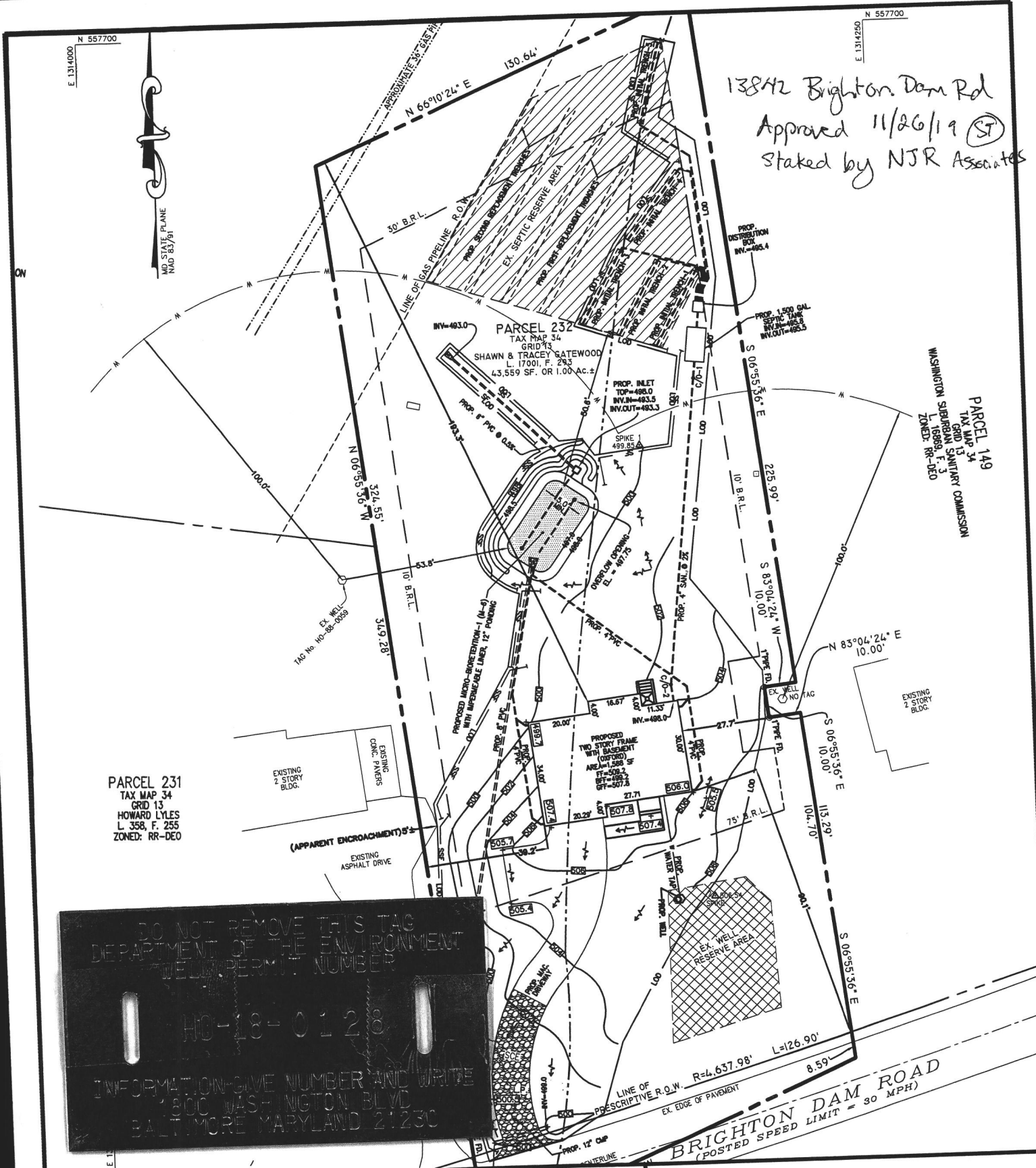
Maura J. Rossman, M.D., Health Officer

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 Environment's 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



WELL STAKEOUT EXHIBIT-A  
**PARCEL 232**  
TAX MAP 34, GRID 13  
LIBER 17001 FOLIO 293  
13842 BRIGHTON DAM ROAD  
CLARKSVILLE, MD 21029  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

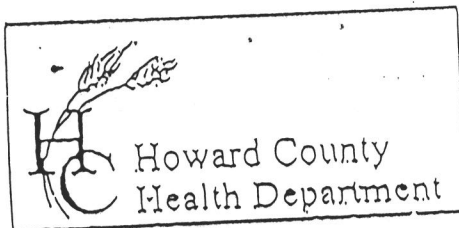
DESIGNED BY: NJ  
CHECKED BY: WR  
SCALE: 1" = 40'  
DATE: NOV. 21, 2019  
PROJECT No. 3515  
SHEET: 1 OF 1

PAGE 6 OF 6



**NJR & ASSOCIATES, LLC.**  
LAND SURVEYING AND PLANNING  
2770 STATE ROUTE 32  
WEST FRIENDSHIP, MD 21794  
TEL: (240) 508-3200





7178 Columbia Gateway Drive, Columbia, MD 2104  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

## TO ALL INTERESTED PARTIES

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

Well Site Location:

Subdivision/Property Name

Lot#

Road Name

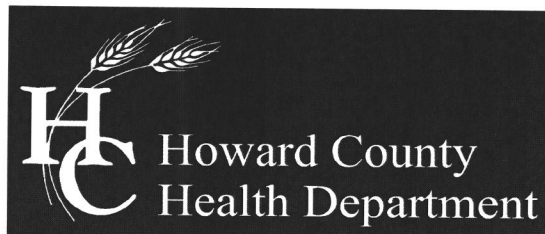
13842 Brighton Dam Rd

☒ The well site has been staked by NJR Associates  
(professional land surveyor or company employing professional land surveyors)  
on Oct 15, 2019 (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 3/11/05



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

### MEMORANDUM

November 19, 2019

Gregory Phillips  
7846 River Rock Way  
Columbia, MD 21044

Re: Well Permit Application Comments  
13842 Brighton Dam Rd

Dear Gregory Phillips,

This office has received the above referenced well permit application; however, we are unable to proceed with the application at this time because an appropriate well exhibit has not been attached. Please have your driller see the attached guidelines – in particular, we need a well exhibit that is legible and to scale. If you would like to expedite the process, please feel free to have your engineer send in a pdf of the well exhibit.

Additionally, we were unable to approve the application because the well box has not been staked in agreement with the perc certification plan. The plan has the southern edge of the well box staked 20 feet from the road. When I conducted a site visit yesterday, (11/18/19), the well box was staked 10 feet from the road. The minimum setback for a well from the road is 15 feet, as stated in COMAR 26.04.04.04. Please let me know when it is restaked so I can reinspect.

Thank you in advance for your cooperation in this matter.

Respectfully,

Susan Thomas  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program  
[sathomas@howardcountymd.gov](mailto:sathomas@howardcountymd.gov)  
410-313-6287

Cc: File

TO: All Interested Parties

FROM: Jeff Williams  
Well and Septic Program Supervisor

RE: **Acceptable Well Site Plans for Proposed Vacant Lots and Subdivisions**

DATE: October 24, 2018

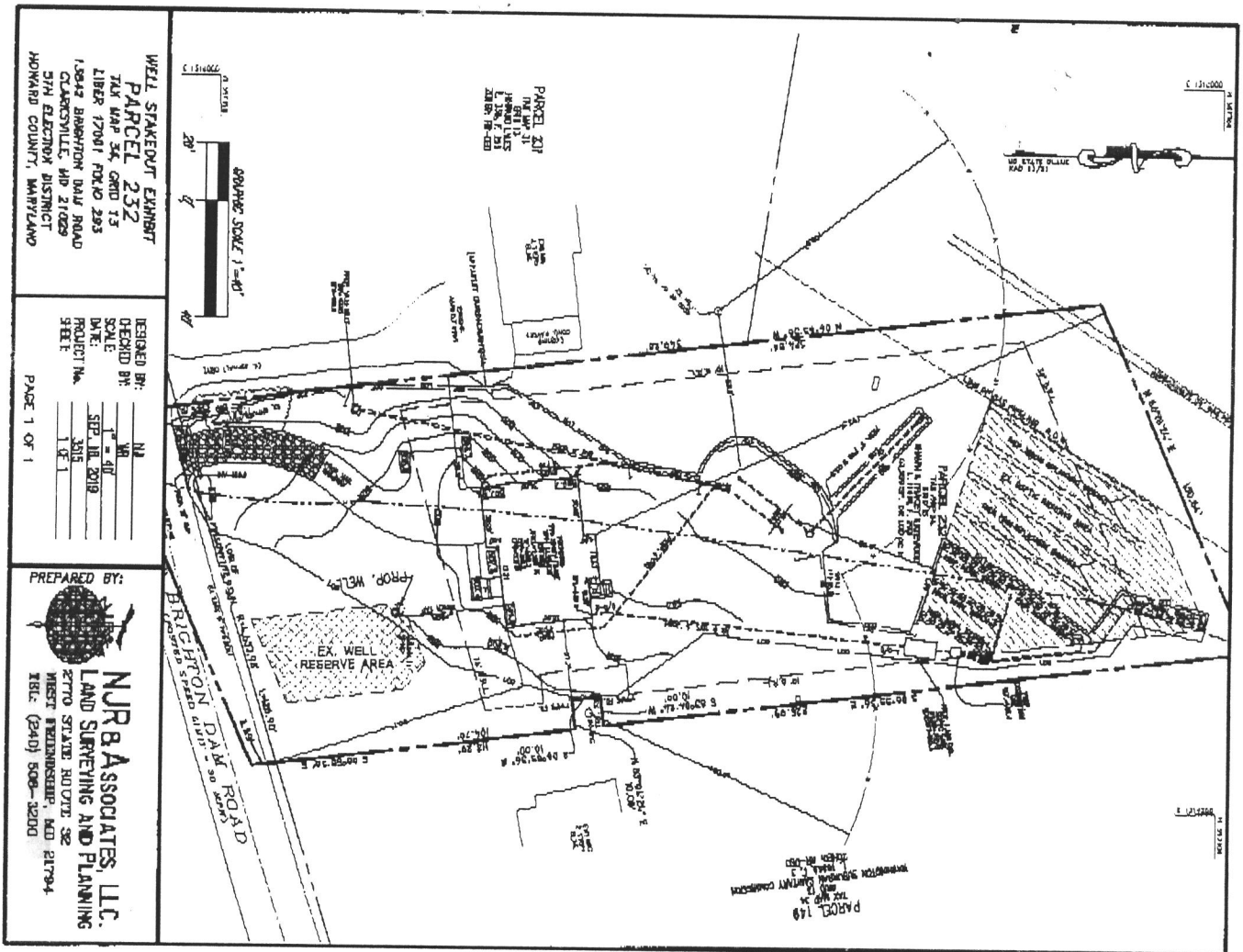
Effective immediately, well permit site plans for all proposed vacant lots and all residential subdivisions must be a copy of an 8 ½" by 11", 1" to 30' to 1" = 50' scaled drawing of the most recently approved Health Department Percolation Certification Plan with a specific proposed well site shown. This well site would either be within the approved replacement well area envelope (1500 sq. ft.) or identified as one of three well sites if three separate well sites are shown. This plan must have accurate topography.

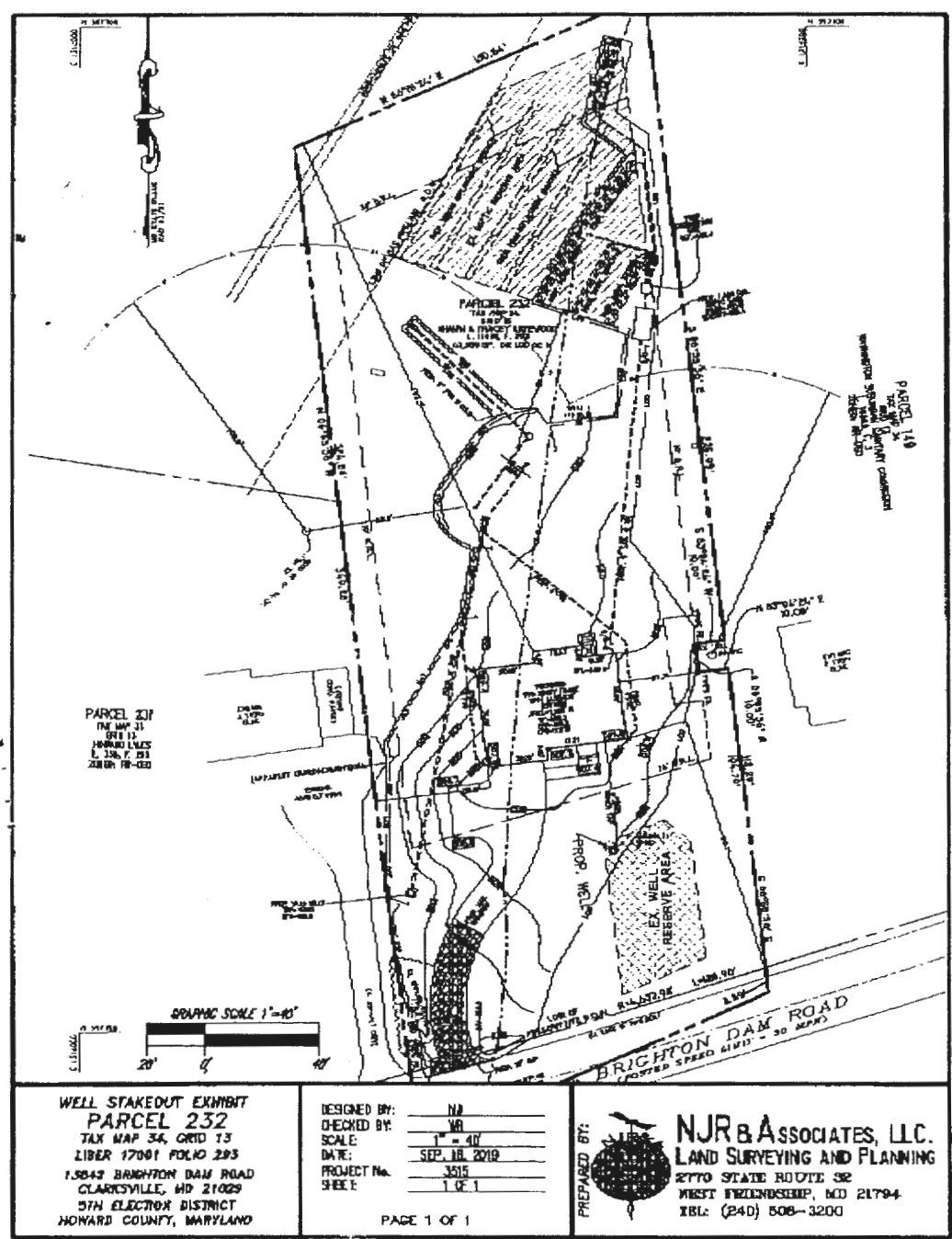
If a larger scale plan is needed because of a large lot size or other specific reasons, put this in writing to the Groundwater Management Section Supervisor. The request will be reviewed in no more than five days, with most reviews occurring in less than forty-eight hours.

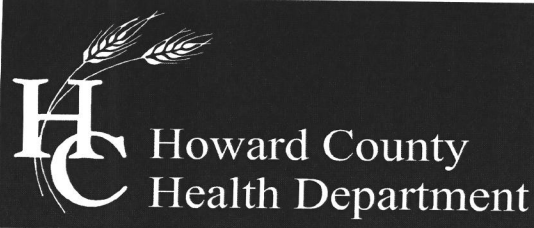
Be advised that a well site must be professionally staked and is subject to review by the Health Department prior to issuance of the well construction permit.

**Two copies of this well site plan and the attached paperwork must be submitted for each proposed lot.**









## Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

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

February 3, 2020

Gregory Phillips  
7846 River Rock Way  
Columbia, MD 21044

Re: 13842 Brighton Dam Rd  
Clarksville, MD 21029  
Well Tag: HO-18-0128

Dear Mr. Phillips

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

**Sodium from your well measured 18.65 mg/L.** There is no Maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in the household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can 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 36 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 150 mg/L.**

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

Respectfully,

Susan Thomas  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program  
410-313-6287  
[sathomas@howardcountymd.gov](mailto:sathomas@howardcountymd.gov)

✓ Cc: File



Send Report To: Bert Nixon

Howard County Health Department  
Bureau of Environmental Health  
8830 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**



**E20002185001**

Received: 12/19/2019

Inorganic

HOST0128CLTI

Do not write above this line.

S A M P L E  I D	Bottle Number	HOST0128CLTDS		Name	Gregory Phillips		County	Howard	County Code	13	
	Location	13842 Brighton Dam Rd									
	Collected: Date	12/19/19	Time	9:55 AM	Collector & Phone	Susan Thomas, 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"/>			
	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"/>			
									Federal Project		

F I E L D	Plant No.		Sampling Station		KA	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	
	pH	7.0	Chlorine: Free	0.0	Total		Specific Conductance				
	Notes to Lab/Remarks: collected at yield of well HO-18-0128										

CHECK TESTS	TESTS	Error Code	RESULTS
<input checked="" type="checkbox"/>	Alkalinity (Total)		
<input checked="" type="checkbox"/>	Ammonia - N		
<input checked="" type="checkbox"/>	Chloride		
<input checked="" type="checkbox"/>	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids (Total)		
<input checked="" type="checkbox"/>	Hardness		
<input checked="" type="checkbox"/>	Fluoride		
<input checked="" type="checkbox"/>	Nitrite, N		
<input checked="" type="checkbox"/>	Nitrate + Nitrite, N		
<input checked="" type="checkbox"/>	Sulfate		
<input checked="" type="checkbox"/>	Total Solids		
<input checked="" type="checkbox"/>	Turbidity*		
<input checked="" type="checkbox"/>	Other:		

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

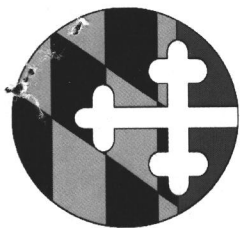
Number of Tests Requested

Section Chief \_\_\_\_\_

SUBMITTER'S COPY

SAMPLE 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  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE20002185 Date Coll. 12/19/2019 Date Received 12/19/2019 Submitted By: Thomas

Field ID: HOST0128CLTDS  
Lab No.: E20002185001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	36	mg/L	12/27/2019
Total Dissolved Solids	SM 2540C	150	mg/L	12/23/2019

### Comments:

Approved by:

Approval date: 01/02/2020

\*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. Samples are tested 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

S:\EnviroFinal-InorganicsA.rpt



Send Report To: Bert NixonState of Maryland  
DHMH - Laboratories Administration

Division of Environmental Sciences

## TRACE METALS LABORATORY

1770 Ashland Avenue  
Baltimore, Maryland 21205Howard County Health Department  
Bureau of Environmental Health  
100 Stanford Blvd.  
Columbia, Maryland 21045

Lab No. Date Received



E20002186001

Received: 12/19/2019

Metals

HOST0128NA

## LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOST0128NA Site Name: 13842 Brighton Dam Rd County: HowardSample Source: 13842 Brighton Dam Rd, Clarksville Collector: Susan Thomas  
Street Town or City NameDate Collected: 12/19/2019 Time Collected: 9:55 a.m./p.m. Phone #: 410-313-6287  
pH < 2 pH > 2 12-19-19Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central LabPreservative Used: ☒ HNO<sub>3</sub> 2 mL pH: 7.0Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code ☐ ☐ Non-Community ☐ Sediment ☐ Other \_\_\_\_\_  
☒ PrivateSpecify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other \_\_\_\_\_Type of Sample Preparation: ☒ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)Remarks: collected at yield of well HO-18-0128

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

RECEIVED

JAN 15 2020

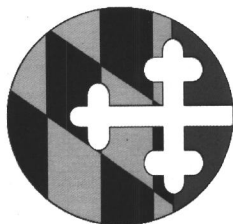
HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507





State of Maryland -  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**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: E20002186 Date Coll.: 12/19/2019 Date Received: 12/19/2019 Submitted By: Susa Thomas

Field ID: HOST0128NA  
Lab No.: E20002186001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	18.65	ppm	01/03/2020

### Comments:

Approved by: Wanda Tresson

Approval date: 01/09/2020

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested 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) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

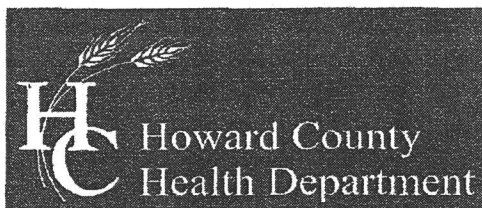
**From:** Bernard, Dana  
**Sent:** Thursday, July 26, 2018 2:58 PM  
**To:** 'jzigler@CLSImail.com'  
**Subject:** Gatewood

1. The existing system must be labeled “To Be Abandoned”.
2. The existing well must be labeled “To Be Abandoned”
3. Make sure the key matches the plan , for example the septic area in the key does not match the septic area in the plan. And percolation symbols should match the symbols in the plan. The percolation symbol is not proposed. It is existing, please label as such.
4. The septic statement should be changed in the wording to reflect “one replacement with pre- treatment” and not 2 replacements.

(,,' (,,' \* Wonderful Day !

Dana Bernard, R.E.H.S./L.E.H.S.  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

B 1 <b>38936</b> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>H0 - 17 - 0318</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <b>7/19/18</b> <small>8 MM DD YY 13</small> <b>Gatewood Shawn</b> <small>15 Last Name 34 Owner First Name</small> <b>223 Bedford Ave Unit 1191</b> <small>36 Street or RFD 55</small> <b>Brooklyn, NY 11211</b> <small>57 Town 70 State 72 Zip 76</small>		B 3 <b>LOCATION OF WELL</b> <b>Howard</b> <small>8 COUNTY 21</small> 23 SUBDIVISION <small>42</small> SECTION <b>ASHTON</b> <small>44 46 48 50</small> 52 NEAREST TOWN <small>71</small>	
<b>DRILLER INFORMATION</b> <b>Allen Compton</b> <small>76 MS D 009 License No. 81</small> <b>Eagles Well Drilling, LLC</b> <small>Firm Name</small> <b>P.O. Box 202 Woodbine, Md 21797</b> <small>Address</small> <b>Allen Compton</b> <small>7-9-18 Date</small> <small>Signature</small>		B 4 <b>SOURCES OF DRILLING WATER</b> 1. <b>Well water</b> 2. 3.	
B 2 <b>WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE <b>5</b> <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <b>500</b> <small>(GAL. PER DAY) 14 20</small>		<b>13816 Brighton Dam rd</b> <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <input checked="" type="checkbox"/> NORTH  <input type="checkbox"/> WEST <input type="checkbox"/> EAST  <input type="checkbox"/> SOUTH         </div> 34 <b>25</b> 37 DISTANCE FROM ROAD <b>FT</b> ENTER FT OR MI <small>38 39</small> TAX MAP: <b>34</b> BLK: <b>-</b> PARCEL <b>232</b>	
<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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>13</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE <small>INSERT S → 41</small> DATE ISSUED <b>7/26/18</b> <b>R-R</b> <b>7/26/19</b> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>		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 	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 AIR-ROTary 33 AIR-PERCussion 34 ROTARY (Hydraulic Rotary) 35 CABLE 36 REVerse-ROTary 37 Drive-POINT</small> other		<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <small>41 52</small>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <b>G</b> PERMIT No. <b>H0 - 17 - 0318</b> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



## 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:

Gatewood Property  
Subdivision/Property Name

Lot #

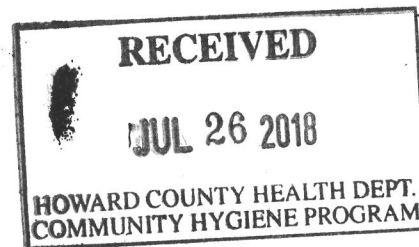
13816 Brighton Dam Rd  
Road Name

☒ The well site has been staked by CLST  
(professional land surveyor or company employing professional land surveyors)  
on July 23, 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.

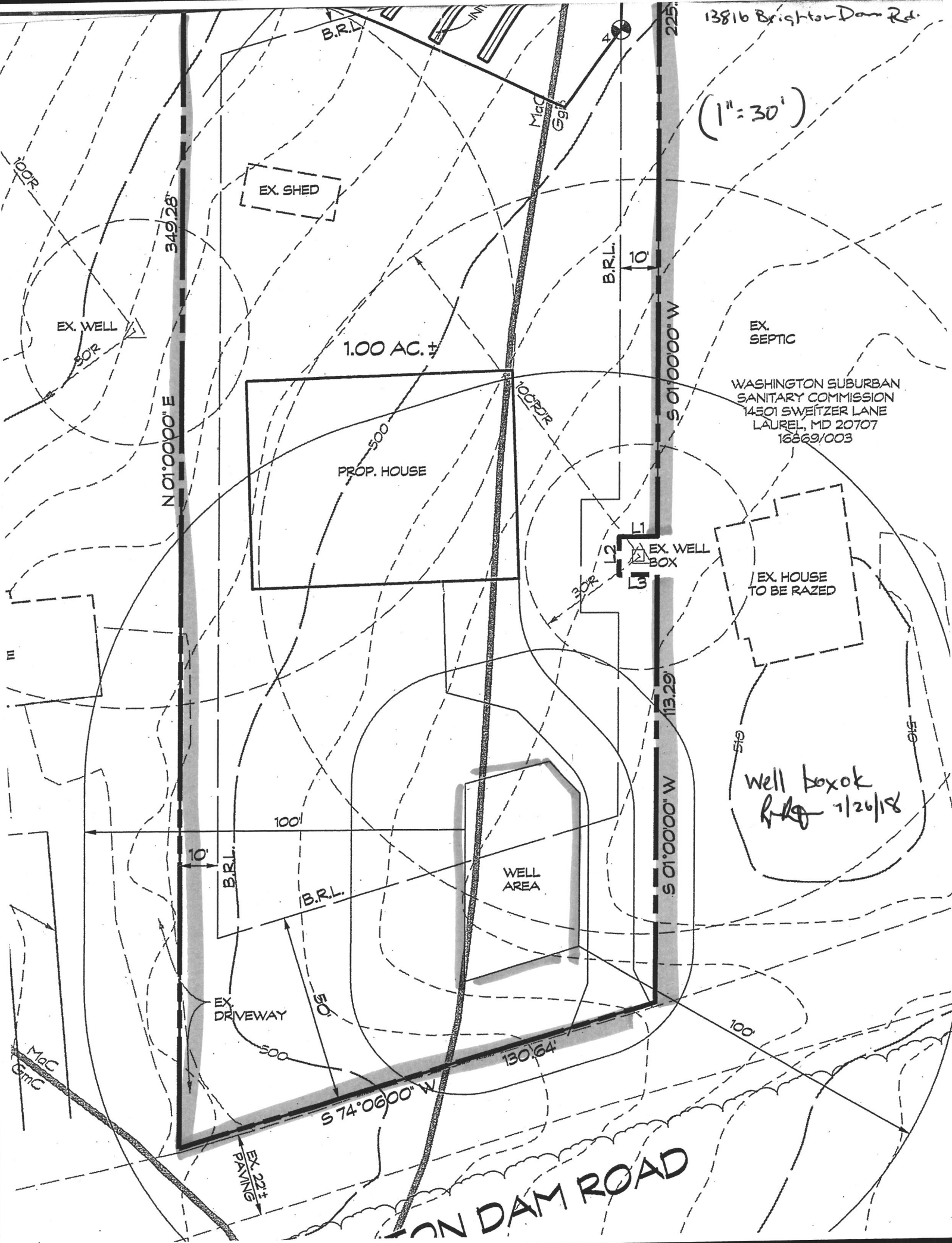
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 4/22/14



13816 Brighton Dam Rd.

$(1'' = 30')$



WASHINGTON SUBURBAN  
SANITARY COMMISSION  
14501 SWEITZER LANE  
LAUREL, MD 20707  
16669/003

well boxok  
hkg 1/26/18



# HOME LAND

## L A B S

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

### Certificate of Analysis

Date Reported: 08/13/2020

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Date & Time Received: 08/12/2020 16:00

*\* Untreated*  
*(Kme)*

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.*

Sample Number: 190918-01

Location: 13816 Brighton Dam Road  
Clarksville, MD 21029

Sample Time: 08/12/20 10:00

Chlorine Residual: 0.0

Field pH: 7.3

Preservation: Ice

Sampler: TEwards8309TE (Exp. 5/14/2022)

Sample Point: First Floor Bathroom Sink

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Iron, Total	H 8008	0.05	Acceptable	0.05	mg/l	0.3	08/13/2020	DLB-139
Bacteria-Total Coliform	Colitag Test	Present	Fail	1	Per/100ml	Present	08/13/2020	MAV-106
Bacteria-E.coli	Colitag Test	Present	Fail	1	Per/100ml	Present	08/13/2020	MAV-106
Nitrate + Nitrite as N	EPA 353.2	Not Detected	Pass	0.5	mg/l	10	08/13/2020	DLB-139
Turbidity	EPA 180.1	1.8	Acceptable	0.5	NTU	10	08/12/2020	MAV-106

Approved By

*Kevin Barnette*

Lab Director

## Chain of Custody Form

Is the sample for a public water system? ☐ Yes ☐ No

# HOME LAND

## LABS



190918

Date Due: 8/14/20

Client: Hague Quality Water

Project:

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237

108 Old Solomons Island Road, Suite L2  
Annapolis, MD 21401

3430 Rockefeller Court  
Waldorf, MD 20602

MD Lab # 353

MD Lab # 106

MD Lab # 139

Client Name:

HAGUE WATER OF MARYLAND

Email Address:

TEDNARDS @ HAGUE WATER OF MD CO

Phone Number:

410. 757-2992

Property Address:

13816 BRIGHTON DAM RD.  
CLARKSVILLE, MD 21029

## Field Collection Information

Sampler Name:	TIM EDWARDS
Sampler ID #:	TE 8309
Date and Time Sampled:	8/12/2020 10:00am
Well Tag Number:	

Field pH:	7.3
Field Chlorine (mg/L):	0
Sand:	0
Clarity:	Good

## Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point:		Water Conditioning:	
BATHROOM SINK 1st Floor			

## Requested Testing: (Please check all that apply)

- ☒ Potability (Bacteria, Nitrate + Nitrite, pH, Turbidity)  
☒ FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, pH, Turbidity, Lead, Iron)  
☒ Bacteria  
☐ Lead  
☐ Nitrate + Nitrite  
☒ Iron  
☐ Gross Alpha  
☐ Saltwater Intrusion  
☐ Arsenic  
☐ Cadmium  
☐ Fluoride  
☐ Pesticides  
☐ VOC  
☐ Hardness  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

List rush samples below

\*Refer to table for rush turnaround times and fees\*

## Release Signatures

Released By:

Date/Time:

8/12/2020 4:00pm

Released By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Released By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received in lab by:

Date/Time:

8/12/2020 4:00pm

# HOME LAND

## L A B S

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

### Certificate of Analysis

Date Reported: 08/18/2020

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Date & Time Received: 08/17/2020 16:00

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.*

---

<b>Sample Number:</b> 191171-01	Sample Time: 08/17/20 09:40	Preservation: Ice
<b>Location:</b> 13816 Brighton Dam Road	Chlorine Residual: 0.0	Sampler: BEwards 7618BE (Exp. 5/14/2022)
Clarksville, MD 21029	Field pH: 7.2	Sample Point: Kitchen Sink

---

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colitag Test	Absent	Pass	1	Per/100ml	Present	08/18/2020	MAV-106
Bacteria-E.coli	Colitag Test	Absent	Pass	1	Per/100ml	Present	08/18/2020	MAV-106

---

Approved By

*Kevin Barnette*

Lab Director

## Chain of Custody Form

Is the sample for a public water system? ☐ Yes ☐ No

# HOME LAND

## LABS



191171 Date Due: 8/18/20  
Client: Hague Quality Water  
Project:

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237

MD Lab # 353

108 Old Solomons Island Road, Suite L2  
Annapolis, MD 21401

MD Lab # 106

3430 Rockefeller Court  
Waldorf, MD 20602

MD Lab # 139

Client Name: Hague Quality Water of MD  
Email Address: testing@haguewaterofmd.com  
Phone Number: 410 757 2992

Property Address: 13816 Brighton Dawn Rd  
Clarksville MD 21031

### Field Collection Information

Sampler Name:	<u>Brian S. Jants</u>	Field pH:	<u>7.2</u>
Sampler ID #:	<u>7608 93</u>	Field Chlorine (mg/L):	<u>0</u>
Date and Time Sampled:	<u>8/17/20 940 am</u>	Sand:	<u>No</u>
Well Tag Number:		Clarity:	<u>Clear</u>

### Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point: <u>Kitchen Sink</u>		Water Conditioning:	

### Requested Testing: (Please check all that apply)

- ☐ Potability (Bacteria, Nitrate + Nitrite, pH, Turbidity)  
☐ FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, pH, Turbidity, Lead, Iron)  
☒ Bacteria ☐ Arsenic ☐ Other: \_\_\_\_\_  
☐ Lead ☐ Cadmium ☐ Other: \_\_\_\_\_  
☐ Nitrate + Nitrite ☐ Fluoride ☐ Other: \_\_\_\_\_  
☐ Iron ☐ Pesticides ☐ Other: \_\_\_\_\_  
☐ Gross Alpha ☐ VOC ☐ Other: \_\_\_\_\_  
☐ Saltwater Intrusion ☐ Hardness ☐ Other: \_\_\_\_\_

List rush samples below

\*Refer to table for rush turnaround times and fees\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Release Signatures

Released By: [Signature] Date/Time: 8/17/20 3:50 pm

Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Received in lab by: [Signature] Date/Time: 8/17/2020 16:00

# HOME LAND

## L A B S

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

### Certificate of Analysis

Date Reported: 08/20/2020

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Date & Time Received: 08/19/2020 14:30

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.*

Sample Number: 191299-01

Location: 13816 Brighton Dam Road  
Clarksville, MD

Sample Time: 08/19/20 13:00

Chlorine Residual: 0.0

Field pH: Not Noted

Preservation: Ice

Sampler: TEwards8309TE (Exp. 5/14/2022)

Sample Point: Bathroom Sink First Floor

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colitag Test	Absent	Pass	1	Per/100ml	Present	08/20/2020	MAV-106
Bacteria-E.coli	Colitag Test	Absent	Pass	1	Per/100ml	Present	08/20/2020	MAV-106

Approved By

*Kevin Barnette*

Lab Director



# HOME LAND

## L A B S

### Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to: [https://www.epa.gov/sites/production/files/201606/documents/npwdr\\_complete\\_table.pdf](https://www.epa.gov/sites/production/files/201606/documents/npwdr_complete_table.pdf)

### Definitions and Acronyms

**Analyst:** Refers to the individual whom conducted the test.

**Maximum Contamination Level (MCL):** A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

**Method:** The type of analysis used to determine the results.

**Not Detected (ND):** Any level below the reporting limit.

**Primary Drinking Water Standard:** Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

**Reporting Limit (RL):** The lowest level that can be detected by the method used for the analysis.

**Secondary Drinking Water Standard:** Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

\*Parameter analyzed by **MSS:** Maryland Spectral Services, **FRC:** Florida Radiochemistry, **ECL:** Enviro-Chem Laboratories

**This table is for informational purposes only. See page 1 for your results**

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. coli	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion; High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer

Is the sample for a public water system? ☐ Yes ☐ No

# HOME LAND

LABS



191299

Date Due:

Client: Hague Quality Water

Project:

Phone: (443) 505-8375

Email: lab@homelandhealthyhome.com

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
MD Lab # 353

108 Old Solomons Island Road, Suite L2  
Annapolis, MD 21401  
MD Lab # 106

3430 Rockefeller Court  
Waldorf, MD 20602  
MD Lab # 139

Client Name:

HAGUE WATER OF MARYLAND

Email Address:

TEDNARDS@HAGUEWATEROFMD.COM

Phone Number:

410. 757-2992

Property Address:

13816 BRIGHTON DAM RD  
CHARLESVILLE, MD

## Field Collection Information

Sampler Name:	TIM EDWARDS
Sampler ID #:	TE 8309
Date and Time Sampled:	8/19/2020 1:00pm
Well Tag Number:	

Field pH:	
Field Chlorine (mg/L):	0
Sand:	0
Clarity:	Good

## Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point:		Water Conditioning:	
BATHROOM SINK 15' ft			

## Requested Testing: (Please check all that apply)

- |   |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, pH, Turbidity)                  |                                     |                                       |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, pH, Turbidity, Lead, Iron) |                                     |                                       |
| <input checked="" type="checkbox"/> Bacteria  | <input type="checkbox"/> Arsenic    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lead   | <input type="checkbox"/> Cadmium    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nitrate + Nitrite  | <input type="checkbox"/> Fluoride   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Iron   | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gross Alpha  | <input type="checkbox"/> VOC        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Saltwater Intrusion  | <input type="checkbox"/> Hardness   | <input type="checkbox"/> Other: _____ |

List rush samples below

\*Refer to table for rush turnaround times and fees\*

## Release Signatures

Released By:

*[Signature]*

Date/Time:

8/19/2020 2:04pm

Released By:

Date/Time:

Released By:

Date/Time:

Received in lab by:

*[Signature]*

Date/Time:

8/19/2020 14:30