

C1 **41854** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
01 07 20

DATE WELL COMPLETED
MM DD YY
12 19 2019

Approved GD Depth of Well
2/3/2020 22 425 26
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO 18 0128

OWNER Phillips last name 13842 Brighton Dam first name Gregory TOWN Clarksville Md
WELL SITE ADDRESS SECTION LOT
SUBDIVISION

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	
<u>Sand</u>	<u>0</u>	<u>53</u>	
<u>Min Rock</u>	<u>53</u>	<u>425</u>	
<u>Water 210, 285, 395</u>			

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 18 NO. OF POUNDS 1629
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 61 ft.
TOP BOTTOM

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
60 61 63 64 66 70

OTHER CASING (if used) diameter depth (feet) inch from to
E A C H C A S I N G

SCREEN RECORD

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

C 2 DEPTH (nearest ft.)

1	2	4	6	8	10	12	14	16	18	20
		<u>110</u>	<u>61</u>							<u>425</u>
2	3	5	7	9	11	13	15	17	19	21
3	4	6	8	10	12	14	16	18	20	22
4	5	7	9	11	13	15	17	19	21	23
5	6	8	10	12	14	16	18	20	22	24
6	7	9	11	13	15	17	19	21	23	25
7	8	10	12	14	16	18	20	22	24	26
8	9	11	13	15	17	19	21	23	25	27
9	10	12	14	16	18	20	22	24	26	28
10	11	13	15	17	19	21	23	25	27	29
11	12	14	16	18	20	22	24	26	28	30
12	13	15	17	19	21	23	25	27	29	31
13	14	16	18	20	22	24	26	28	30	32
14	15	17	19	21	23	25	27	29	31	33
15	16	18	20	22	24	26	28	30	32	34
16	17	19	21	23	25	27	29	31	33	35
17	18	20	22	24	26	28	30	32	34	36
18	19	21	23	25	27	29	31	33	35	37
19	20	22	24	26	28	30	32	34	36	38
20	21	23	25	27	29	31	33	35	37	39
21	22	24	26	28	30	32	34	36	38	40
22	23	25	27	29	31	33	35	37	39	41
23	24	26	28	30	32	34	36	38	40	42
24	25	27	29	31	33	35	37	39	41	43
25	26	28	30	32	34	36	38	40	42	44
26	27	29	31	33	35	37	39	41	43	45
27	28	30	32	34	36	38	40	42	44	46
28	29	31	33	35	37	39	41	43	45	47
29	30	32	34	36	38	40	42	44	46	48
30	31	33	35	37	39	41	43	45	47	49
31	32	34	36	38	40	42	44	46	48	50
32	33	35	37	39	41	43	45	47	49	51
33	34	36	38	40	42	44	46	48	50	52
34	35	37	39	41	43	45	47	49	51	53
35	36	38	40	42	44	46	48	50	52	54
36	37	39	41	43	45	47	49	51	53	55
37	38	40	42	44	46	48	50	52	54	56
38	39	41	43	45	47	49	51	53	55	57
39	40	42	44	46	48	50	52	54	56	58
40	41	43	45	47	49	51	53	55	57	59
41	42	44	46	48	50	52	54	56	58	60
42	43	45	47	49	51	53	55	57	59	61
43	44	46	48	50	52	54	56	58	60	62
44	45	47	49	51	53	55	57	59	61	63
45	46	48	50	52	54	56	58	60	62	64
46	47	49	51	53	55	57	59	61	63	65
47	48	50	52	54	56	58	60	62	64	66
48	49	51	53	55	57	59	61	63	65	67
49	50	52	54	56	58	60	62	64	66	68
50	51	53	55	57	59	61	63	65	67	69
51	52	54	56	58	60	62	64	66	68	70
52	53	55	57	59	61	63	65	67	69	71
53	54	56	58	60	62	64	66	68	70	72
54	55	57	59	61	63	65	67	69	71	73
55	56	58	60	62	64	66	68	70	72	74
56	57	59	61	63	65	67	69	71	73	75
57	58	60	62	64	66	68	70	72	74	76

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. M SD 027

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 5
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)
 air piston turbine
 centrifugal rotary other (describe below)
 jet 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 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
 below } 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.

B 1 64931 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND**
APPLICATION FOR PERMIT TO DRILL WELL
Ed0424 please type

STATE PERMIT NUMBER
HO - 18 - 0128
 70 fill in this form completely 79

1 2 3 6 Date Received (APA) 10/21/19
8 MM DD YY '13 Phillips Gregory
15 Last Name Owner First Name **34**
7846 River Rock Way
36 Street or RFD **55**
Columbia Md 21044
57 Town **70** State **72** Zip **76**

B 3 LOCATION OF WELL
Howard
8 COUNTY **21**
23 SUBDIVISION **42**
 SECTION 44 46 LOT 48 50
Clarksville
52 NEAREST TOWN **71**
76°59'36.37"

DRILLER INFORMATION
Larry Mayne **M S D 027**
76 License No. **81**
Joseph L. Mayne Well Drilling
5512 Ridge Rd Mt Airy Md 21071
Address
Larry Mayne **10-21-2019**
Signature **Date**

B 4 SOURCES OF DRILLING WATER
 1. Well
 2. 12/19/19
 3. Grout: Portland Cement
13842 Brighton Dam Rd
11 STREET ADDRESS **30**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
34 40 **37**
 DISTANCE FROM ROAD **FT**
 ENTER FT OR MI **38** **39**
 TAX MAP: 34 BLK: PARCEL 232

B 2 WELL INFORMATION
1 **2** APPROX. PUMPING RATE (GAL. PER MIN.) **8** 500 **12**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **14** **20**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **13**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE Susan Throck INSERT S → **41**
 DATE ISSUED 11/26/19 **43** MM DD YY **48** CO SIGNATURE 11/26/20 EXP. DATE **41**
 DON: 12/18/19 (SD) DOG: 12/19/19 (SD) DOY: 12/19/19 (SD)

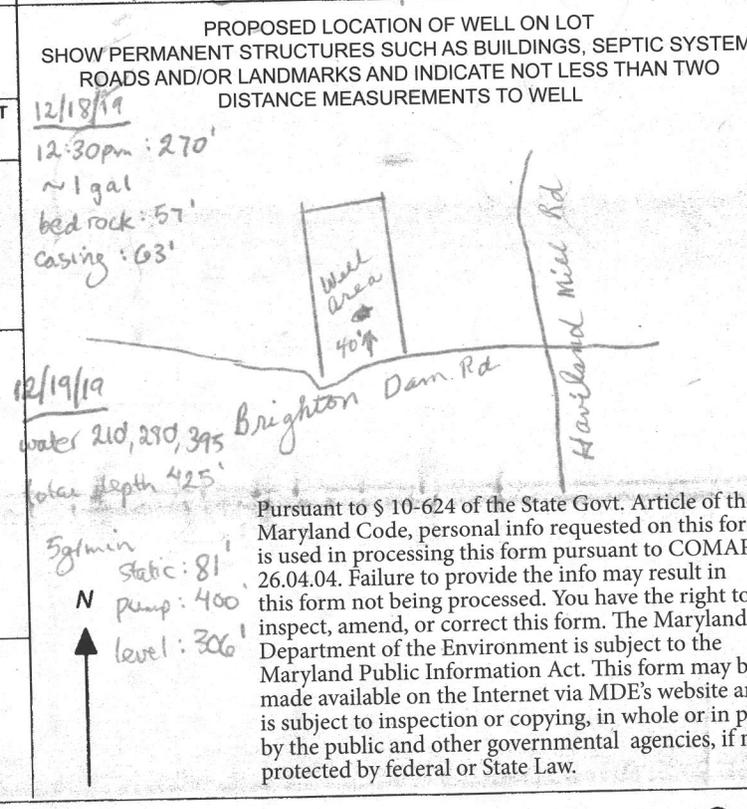
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 **28**
 APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST 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 DEEPEM 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. HO - 18 - 0128
70 **71** **72** **73** **74** **75** **76** **77** **78** **79**



SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-
Get sodium, chloride, TDS, metals

**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: _____ Lot #: _____ Well Tag #: HO-18-0128
 Site Address: 13842 Brighton Dam Rd
Clarksville MD 21049 04/15/2020

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Boshart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>56510422C</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>425</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>yes 5"</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

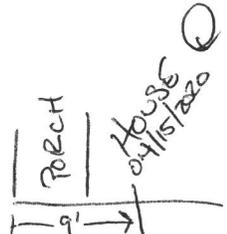
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>46"</u>	<u>04/15/2020</u> (Signature)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>		
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>46"</u>	<u>04/15/2020</u> (Signature)
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>21"</u>	<u>04/15/2020</u> (Signature)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	<u>7"</u>	<u>04/15/2020</u> (Signature)
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>		



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

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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

13842 Brighton Dam Rd
 Approved 11/26/19 (ST)
 Staked by NJR Associates

PARCEL 231
 TAX MAP 34
 GRID 13
 HOWARD LYLES
 L. 358, F. 255
 ZONED: RR-DEO

PARCEL 149
 TAX MAP 34
 GRID 13 SANITARY COMMISSION
 WASHINGTON SUBURBAN
 L. 1689, F. 3
 ZONED: RR-DEO

PARCEL 232
 TAX MAP 34
 GRID 13
 SHAWN & TRACEY GATEWOOD
 L. 17001, F. 293
 43,559 SF. OR 1.00 AC.±

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HD-18-0128
 INFORMATION-GIVE NUMBER AND WRITE
 200C WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

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

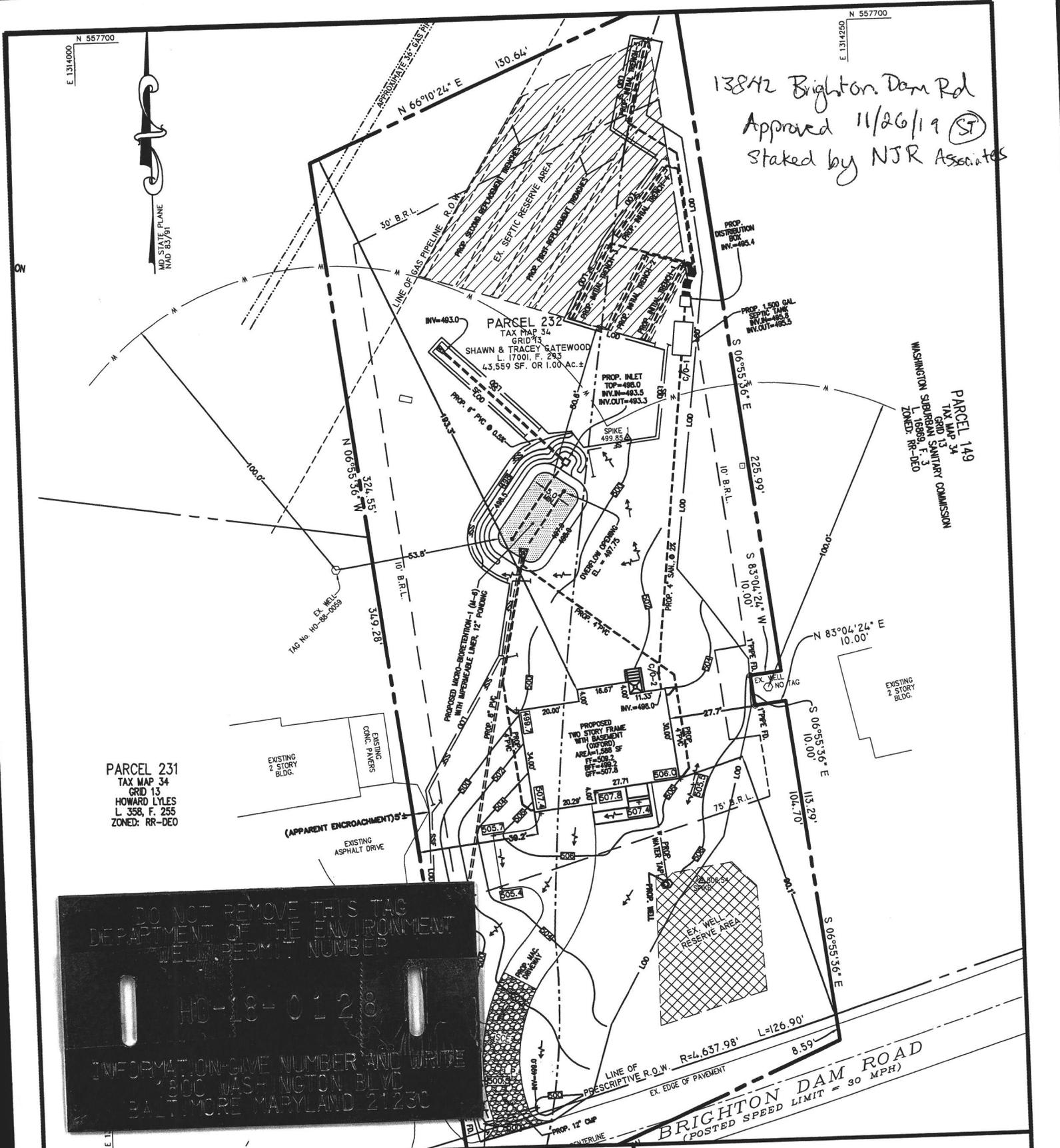
DESIGNED BY: NJ
 CHECKED BY: WR
 SCALE: 1" = 40'
 DATE: NOV. 21, 2019
 PROJECT No. 3515
 SHEET: 1 OF 1

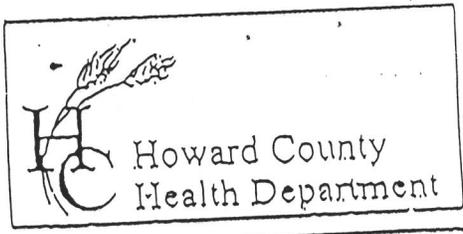
PAGE 6 OF 6

PREPARED BY:



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 21044
 (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:

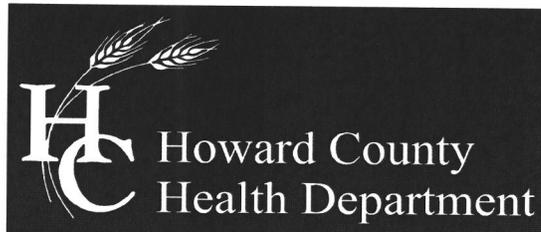
		<i>13842 Brighton Dam Rd</i>
Subdivision/Property Name	Lot#	Road Name

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

Facebook: 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,

A handwritten signature in cursive script that reads 'Susan Thomas'.

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program
sathomas@howardcountymd.gov
410-313-6287

Cc: File



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

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

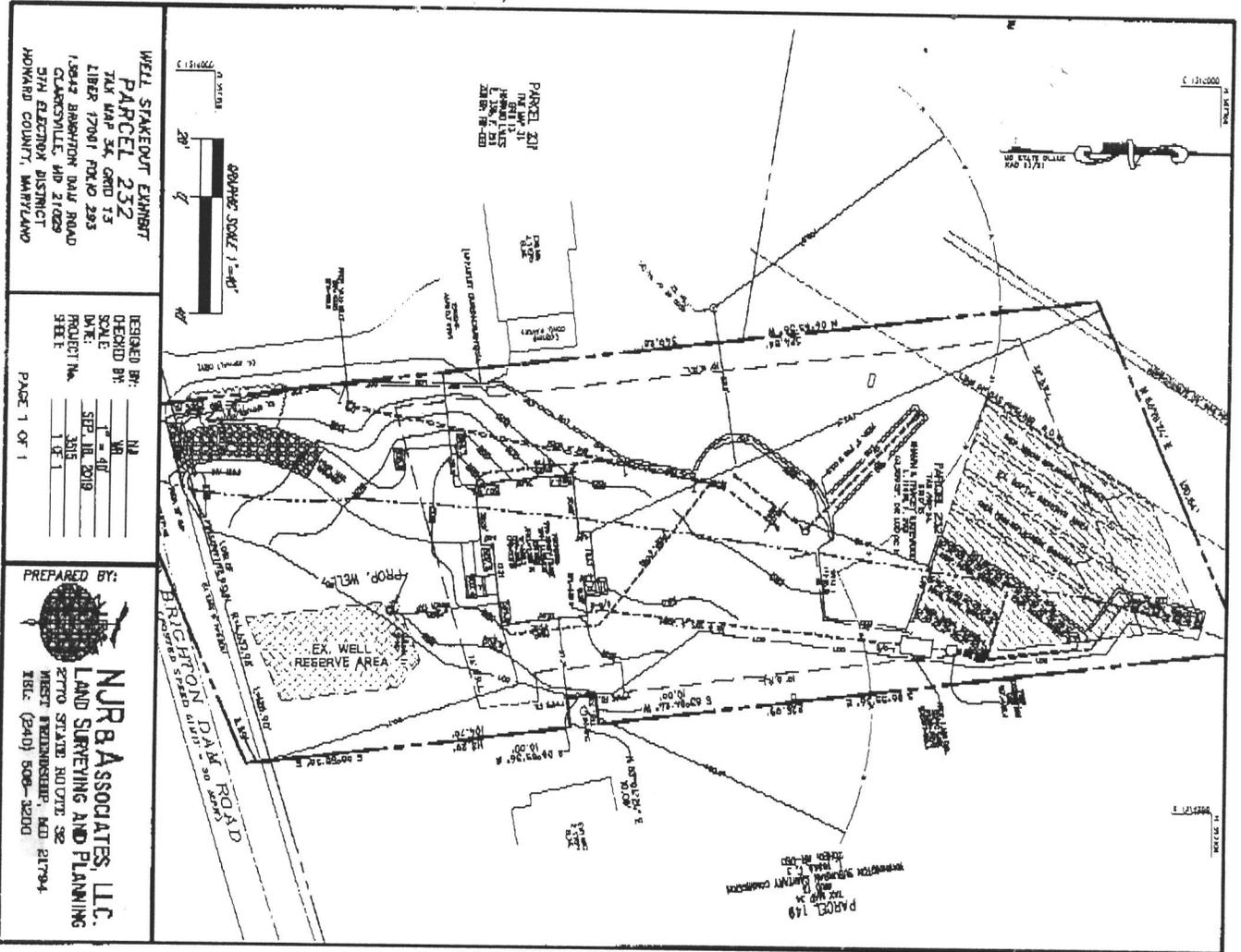
TO: All Interested Parties
FROM: Jeff Williams
Well and Septic Program Supervisor
RE: **Acceptable Well Site Plans for Proposed Vacant Lots and Subdivisions**
DATE: October 24, 2018

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.

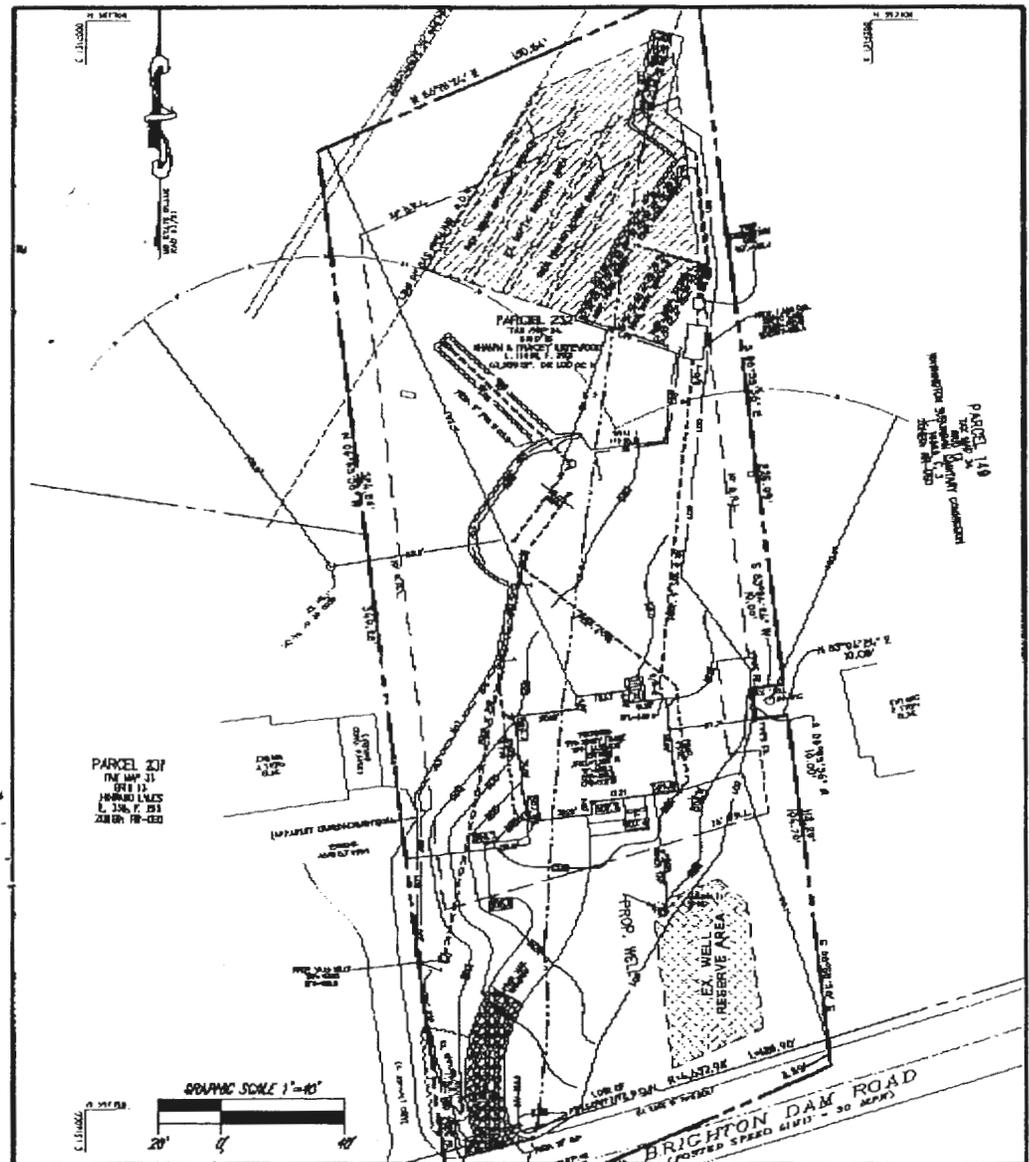
If a larger scale plan is needed because of a large lot size or other specific reasons, put this in writing to the Groundwater Management Section Supervisor. The request will be reviewed in no more than five days, with most reviews occurring in less than forty-eight hours.

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.



Handwritten initials or mark.



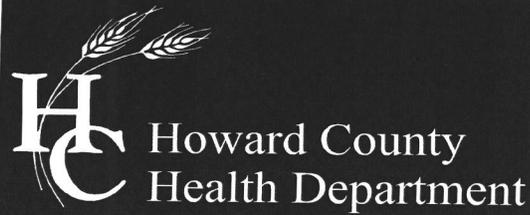
WELL STAKEDOUT EXHIBIT
PARCEL 232
 TAX MAP 34, GRID T3
 LIBER 17001 FOLIO 293
 15842 BRIGHTON DAM ROAD
 CLARKSVILLE, MD 21029
 5TH ELECTORAL DISTRICT
 HOWARD COUNTY, MARYLAND

DESIGNED BY: NA
 CHECKED BY: MR
 SCALE: 1" = 40'
 DATE: SEP. 18, 2019
 PROJECT No. 3515
 SHEET: 1 OF 1

PREPARED BY:



NJR & ASSOCIATES, LLC.
 LAND SURVEYING AND PLANNING
 2770 STATE ROUTE 302
 WEST FRIENDSHIP, MD 21794
 TEL: (240) 508-3200



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

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 in 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 you 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 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

✓ Cc: File



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 Nixon

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received

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



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: Howard

Sample Source: 13842 Brighton Dam Rd, Clarksville Collector: Susan Thomas
Street Town or City Name

Date Collected: 12/19/2019 Time Collected: 9:55 a.m./p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ 2 mL pH: 7.0

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: 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

Bernard, Dana

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

Thanks for taking my call. Per our conversation there are a few items that must be corrected.

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.

Thank you & Have a *

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

B 1 38936

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 17 - 0318

please type

fill in this form completely

Date Received (APA)

7/19/18

OWNER INFORMATION

Gatewood Shawn, 223 Bedford Ave Unit 1191, Brooklyn, NY 11211

LOCATION OF WELL

Howard, ASHTON

DRILLER INFORMATION

Allen Compton, MS D 009, Eagles Well Drilling, LLC, P.O. Box 202 Woodbine, Md 21797

SOURCES OF DRILLING WATER

Well water

13816 Brighton Dam rd, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 25 FT, TAX MAP: 34 BLK: - PARCEL 232

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, COUNTY NAME, 13, COUNTY NO., STATE SIGNATURE, DATE ISSUED 7/26/18, CO SIGNATURE, EXP. DATE 7/26/19

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, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, Drive-POINT

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 DEEPEN AN EXISTING WELL

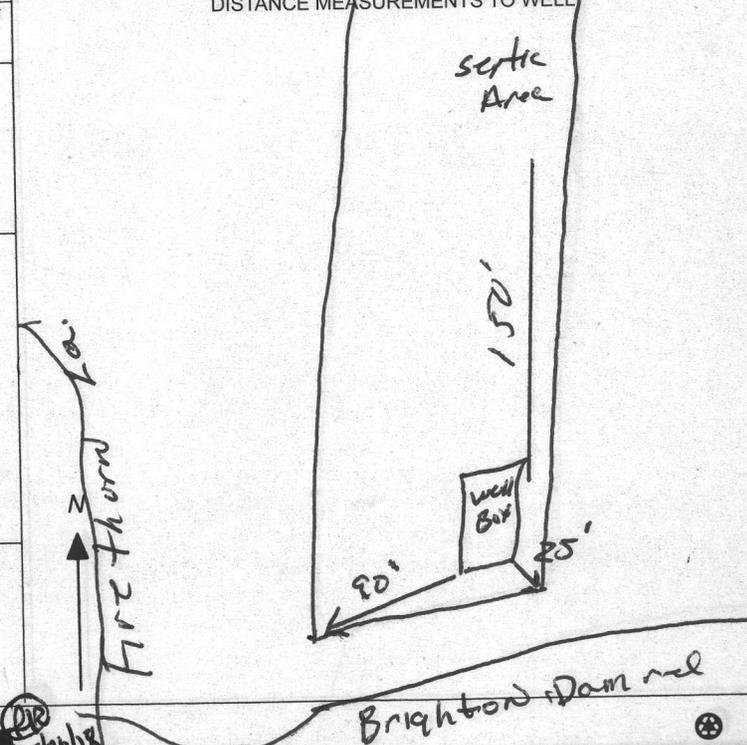
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G

PERMIT No. HO - 17 - 0318

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

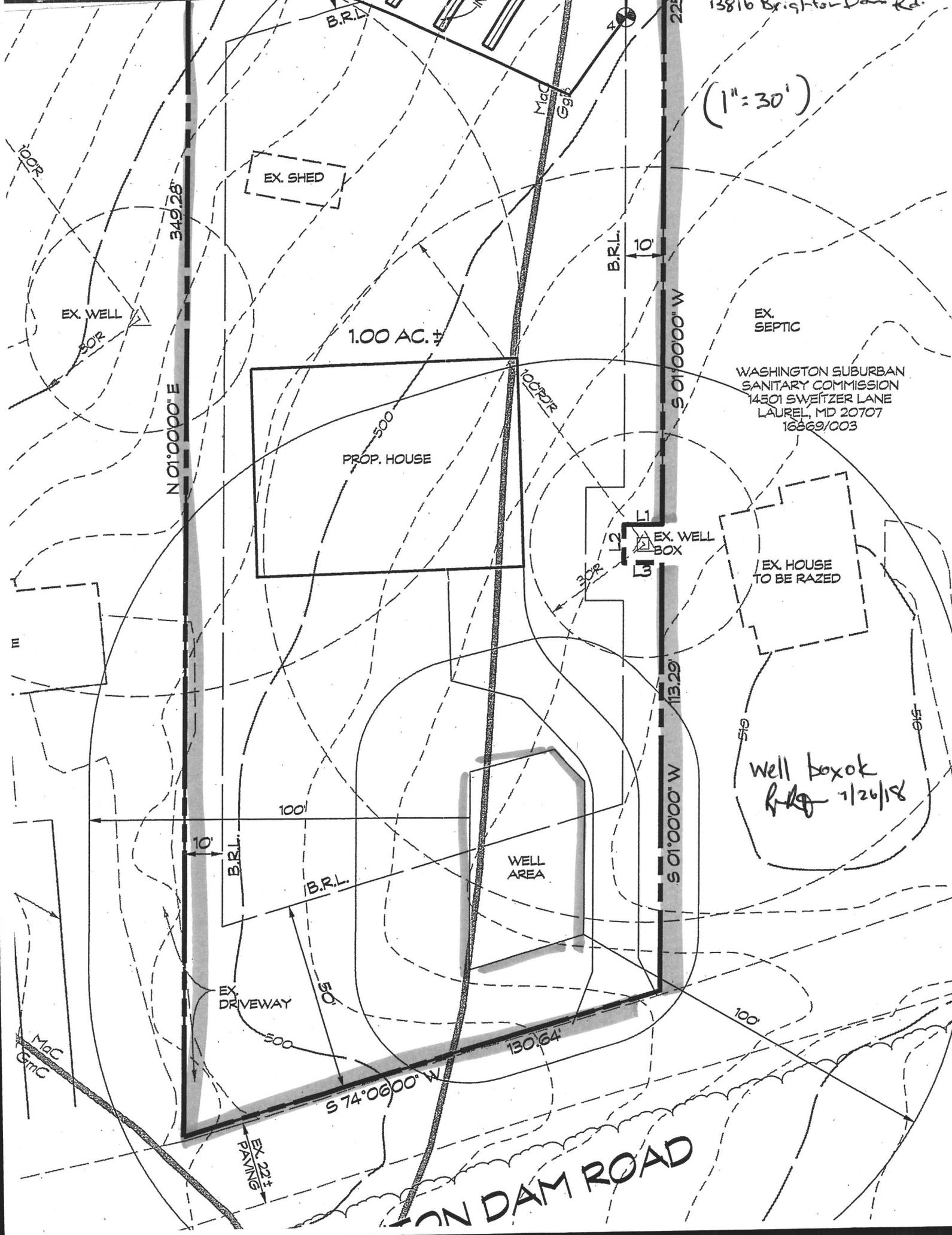


SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

13816 Brighton Dam Rd.

(1" = 30')



BRIGHTON DAM ROAD

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*


*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

HOME LAND LABS



190918 Date Due: 8/14/20
Client: Hague Quality Water
Project:

Is the sample for a public water system? Yes No

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 **13816**

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

Client Name: HAGUE WATER OF MARYLAND

Email Address: TED EDWARDS @ 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: BATHROOM SINK 1st Floor 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
- Lead
- Nitrate + Nitrite
- Iron
- Gross Alpha
- Saltwater Intrusion
- Arsenic
- Cadmium
- Fluoride
- Pesticides
- VOC
- Hardness
- Other: _____

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: [Signature]

Date/Time: 8/12/2020 4:00pm

Released By: _____

Date/Time: _____

Released By: _____

Date/Time: _____

Received in lab by: [Signature]

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.*

Sample Number: 191171-01 Sample Time: 08/17/20 09:40 Preservation: Ice
 Location: 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

HOME LAND LABS



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

Is the sample for a public water system? Yes No

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: 13216 Brighton Dawn Rd
Clarksville MD 21029

Field Collection Information

Sampler Name: Ben S. Jacobs
Sampler ID #: 7608 83
Date and Time Sampled: 8/17/20 9:40 am
Well Tag Number:

Field pH: 7.7
Field Chlorine (mg/L): 0
Sand: No
Clarity: Clear

Well Casing and Cap Condition

Height Above Grade: Cap Type: Casing: Conduit:

Sample Point: Kitchen Sock 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 LABS

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

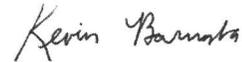
This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

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

Sample Number: 191299-01 Sample Time: 08/19/20 13:00 Preservation: Ice
Location: 13816 Brighton Dam Road Chlorine Residual: 0.0 Sampler: TEwards8309TE (Exp. 5/14/2022)
Clarksville, MD Field pH: Not Noted 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



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

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

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

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: TED EDWARDS @ HAGUE WATER OF MD CO
 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): Ø
 Sand: Ø
 Clarity: GOOD

Well Casing and Cap Condition

Height Above Grade: _____ Cap Type: _____ Casing: _____ Conduit: _____
 Sample Point: BATHROOM SINK 15' A
 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
- Lead
- Nitrate + Nitrite
- Iron
- Gross Alpha
- Saltwater Intrusion
- Arsenic
- Cadmium
- Fluoride
- Pesticides
- VOC
- Hardness
- Other: _____

List rush samples below
 Refer to table for rush turnaround times and fees

Release Signatures

Released By: [Signature] Date/Time: 8/19/2020 2:00pm
 Released By: _____ Date/Time: _____
 Released By: _____ Date/Time: _____
 Received in lab by: [Signature] Date/Time: 8/19/2020 14:30