

ST/CO USE ONLY  
DATE Received  
MM DD YY  
09 03 19

DATE WELL COMPLETED  
MM DD YY  
08 19 19

Depth of Well  
505  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
Ho-18-0096

OWNER  
ELM STREET DEVELOPMENT

WELL SITE ADDRESS  
GREEN BRIDGE ROAD

TOWN  
DAYTON

SUBDIVISION  
STIMPSON/DENAULT

SECTION

LOT  
1

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
TAN MICACEOUS GROUND	0 85	X
GRAY MICACEOUS SCHIST	85 275	
SOFT SCHIST	275 280	X
GRAY SCHIST	280 400	
SOFT SCHIST	400 420	X
GRAY SCHIST	420 465	
WHITE FINE	465 485	X
GRAY SCHIST	485 505	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 650

GALLONS OF WATER 260

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 98 ft.

CASING RECORD

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 100

OTHER CASING (if used)

screen type or open hole

ST BR HO

STEEL BRASS OPEN HOLE

PL OT

PLASTIC OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 7 HRS

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE WATCH 3 BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 315 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED 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. M WD 576

DRILLERS SIGNATURE

LIC. NO. MWD 576

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

C2

DEPTH (nearest ft.)

98 505

SLOT SIZE 1 2 3

DIAMETER OF SCREEN 6 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (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 42

CASING HEIGHT (circle appropriate box and enter casing height)

4 above LAND SURFACE

below 2 (nearest foot)

LATITUDE 39.200857

LONGITUDE 77.025321

(DEFAULT COORD. WGS 84)

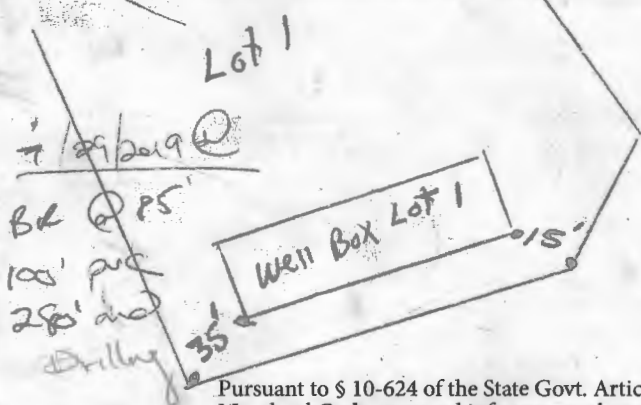
Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

TAG = 08/19/2019

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY)  <div style="font-size: 2em; font-weight: bold;">54086</div>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 1.5em; font-weight: bold;">54175</div> please type	STATE PERMIT NUMBER  <div style="font-size: 1.5em; font-weight: bold;">HO-18-0096</div> 79 In this form completely 79
1 2 3 4 5 6	<b>OWNER INFORMATION</b> Date Received (APA) <u>10/30/19</u> <div style="display: flex; justify-content: space-between;"> <div>             8 MM DD YY 13  <div style="font-size: 1.2em; font-weight: bold;">ELM STREET DEVELOPMENT</div> </div> <div>             15 Last Name Owner First Name 34  <div style="font-size: 1.2em; font-weight: bold;">5704 DORSEY HALL ROAD</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>             36 Street or RFD 55  <div style="font-size: 1.2em; font-weight: bold;">ELLICOTT CITY MD. 21042</div> </div> <div>             57 Town 70 State 72 Zip 76  </div> </div>		<b>LOCATION OF WELL</b> <div style="font-size: 1.2em; font-weight: bold;">HOWARD</div> <div style="display: flex; justify-content: space-between;"> <div>             8 COUNTY 21  <div style="font-size: 1.2em; font-weight: bold;">SIMPSON/DENAULT</div> </div> <div>             23 SUBDIVISION 42  </div> </div> <div style="display: flex; justify-content: space-between;"> <div>             SECTION 44 46  </div> <div>             LOT 48 50  </div> </div> <div style="font-size: 1.2em; font-weight: bold;">DAYTON</div> <div style="display: flex; justify-content: space-between;"> <div>52 NEAREST TOWN</div> <div>71</div> </div>
<b>DRILLER INFORMATION</b> <div style="font-size: 1.2em; font-weight: bold;">RANDALL L. ALEXANDER M WD 576</div> <div style="display: flex; justify-content: space-between;"> <div>Driller's Name. 76</div> <div>License No. 81</div> </div> <div style="font-size: 1.2em; font-weight: bold;">ALEXANDERS WELL DRILLING</div> <div style="display: flex; justify-content: space-between;"> <div>Firm Name</div> <div>Address</div> </div> <div style="display: flex; justify-content: space-between;"> <div>             126 W. MAIN ST. P.O. BOX 443 FAIRFIELD PA 17320           </div> <div>             Signature Date  <div style="font-size: 1.2em; font-weight: bold;">2-12-19</div> </div> </div>		<b>SOURCES OF DRILLING WATER</b> 1. <u>WELL WATER</u> 2. 	
<b>B 2</b>	<b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <div style="display: flex; justify-content: space-between;"> <div>8</div> <div>12</div> </div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>600</u> <div style="display: flex; justify-content: space-between;"> <div>14</div> <div>20</div> </div>		<b>GREEN BRIDGE ROAD</b> <div style="display: flex; justify-content: space-between;"> <div>11 STREET ADDRESS</div> <div>30</div> </div> <div style="text-align: center;">         ON WHICH SIDE OF ROAD          (CIRCLE APPROPRIATE BOX)  <div style="font-size: 1.2em; font-weight: bold;">APPROX 1060</div> <div style="display: flex; justify-content: space-between;"> <div>34</div> <div>37</div> </div>         DISTANCE FROM ROAD <u>FT</u>  <div style="display: flex; justify-content: space-between;"> <div>ENTER FT OR MI</div> <div>38 39</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>TAX MAP: <u>27</u></div> <div>BLK: _____</div> <div>PARCEL <u>34-36 98</u></div> </div> <div style="text-align: right;"> <div style="font-size: 1.2em; font-weight: bold;">11-112</div> </div>
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input checked="" type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="font-size: 1.2em; font-weight: bold;">HOWARD</div> <div style="display: flex; justify-content: space-between;"> <div>             COUNTY NAME              STATE              SIGNATURE              DATE ISSUED  <div style="display: flex; justify-content: space-between;"> <div>43 MM DD YY 48</div> <div>CO SIGNATURE</div> <div>EXP. DATE</div> </div> </div> <div>             INSERT S  <div style="font-size: 1.2em; font-weight: bold;">41</div> </div> </div>	
APPROXIMATE DEPTH OF WELL <u>500</u> FEET <div style="display: flex; justify-content: space-between;"> <div>24</div> <div>28</div> </div>		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <div style="display: flex; justify-content: space-between;"> <div>NEAREST</div> <div>INCH</div> </div>	
<b>METHOD OF DRILLING (circle one)</b> <div style="display: flex; justify-content: space-between;"> <div>             BORED (or Augered)              30 AIR-ROTARY              37 CABLE              other           </div> <div>             JETTED  <div style="border: 1px solid black; border-radius: 50%; padding: 2px;">AIR-PERCUSSION</div>             REVERSE-ROTARY           </div> <div>             Jetted &amp; DRIVEN              ROTARY (Hydraulic Rotary)              Drive-POINT           </div> </div>			
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <u>HO2017G001</u> PERMIT No. <u>HO18-0096</u> <div style="display: flex; justify-content: space-between;"> <div>70 71 72 73 74 75 76 77 78 79</div> </div>			
<b>SPECIAL CONDITIONS</b> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <div style="font-size: 1.5em; font-weight: bold;">SEE ATT MEMO.</div>			



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



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.

Page 1 of 1  
Date 8/19/19

LAT 39.200857  
LONG 77.025321

Review CABAHUA  
✓ 9/17/2019

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0096

Location of property (road) GREEN BRIDGE ROAD DAYTON

Subdivision SEMPSON DENAVIT

Lot 1 Block      Plat      Sec.     

Well Driller ALEXANDER'S WELL DRILLING

Owner ELM STREET DEVELOPMENT

Depth of well 505'

Distance of measuring point (M.P.) above ground 40' 2'

Static water level (S.W.L.) below M.P. 400'

TEST PUMP DEPTH 400'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00

Pumping rate 12 G.P.M

Total time 1 HOUR to reach pumping water level 315 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	40	5		12
10:00	315	20		3
10:15	315	20		3
10:30	315	20		3
10:45	315	20		3
11:00	315	20		3
11:15	315	20		3
11:30	315	20		3
11:45	315	20		3
12:00	315	20		3
12:15	315	20		3
12:30	315	20		3
12:45	315	20		3
1:00	315	20		3
1:15	315	20		3
1:30	315	20		3
1:45	315	20		3
2:00	315	20		3
2:15	315	20		3
2:45	315	20		3
3:00	315	20		3
3:15	315	20		3
3:30	315	20		3
3:45	315	20		3
HD 4:00	315	20		3

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

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

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

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

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

Name of Property Owner: 5300 GREENBLADE Telephone #: \_\_\_\_\_  
Subdivision: WILLOWSALE Lot #: \_\_\_\_\_ Well Tag #: HO-18-0096  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_  
Well Yield: \_\_\_\_\_  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
Model#: \_\_\_\_\_  
GPM Depth: \_\_\_\_\_ (36" min)  
GPM 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: \_\_\_\_\_

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

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

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

**Piping to house**

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

**House Connection**

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

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

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 06/22/2020 Date Insp. Approved: 06/22/2020 Inspector: [Signature]

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

36" 06/22/2020 [Signature]  
29" 06/22/2020 [Signature]  
29" 06/22/2020 [Signature]  
8" 06/22/2020 [Signature]

House  
06/22/2020  
(Revised form 10/24/2018)  
POB

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 9, 2021**

October 9, 2020

Homeowner  
5300 Greenbridge Road  
Dayton, MD 21036

**RE: Willow Creek, Lot 1  
5300 Greenbridge Road  
Building Permit: B19003573  
Well Permit: HO-18-0096**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/8/2020**. Final approval of the well line connection to the dwelling was granted on **6/22/2020**. The well construction was completed on **8/19/2019**. Water samples were collected on **9/18/2020, 9/24/2020**.

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-18-0096. 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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,


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

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

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

**MEMORANDUM**

**TO:** Alexanders Well Drilling  
Attn: Randall Alexander (MWD 576)

**FROM:** Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor   
Groundwater Mgmt. Sec.  
Well & Septic Program

**DATE:** March 8, 2019

**RE:** Simpson/Denault subdivision Well Permits (21)

The above referenced well permit applications submitted for review has been placed on hold. This subdivision has a pending groundwater appropriations permit (GWAP) that has not been approved by Maryland Department of the Environment. Furthermore, the submitted 21 well permits for the above referenced subdivision indicate "test" wells as the intended use for water. These wells are not proposed as test well but rather potable wells. You will need to come into our office and change this on every well permit application form. If you would like, I can mail the permit back to you for revisions. Please note, I have not yet reviewed these permits applications under our normal well review process. This will occur once we have the approved GWAP number. Please review and resubmit as needed.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2645 or email [Kevin.Wolf@hcd.net](mailto:Kevin.Wolf@hcd.net).

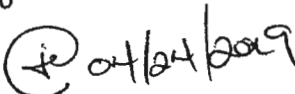
KMW

file

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

**MEMORANDUM**

**TO: Alexander's Well Drilling**  
**Attn: Randall Alexander MWD 00576**  
126 W Main Street  
P.O. Box 443  
Fairfield, PA 17320

**FROM: Joseph Cabahug**   
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

**RE: Simpson and Denault Well Permit Special Conditions**

**DATE: 04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

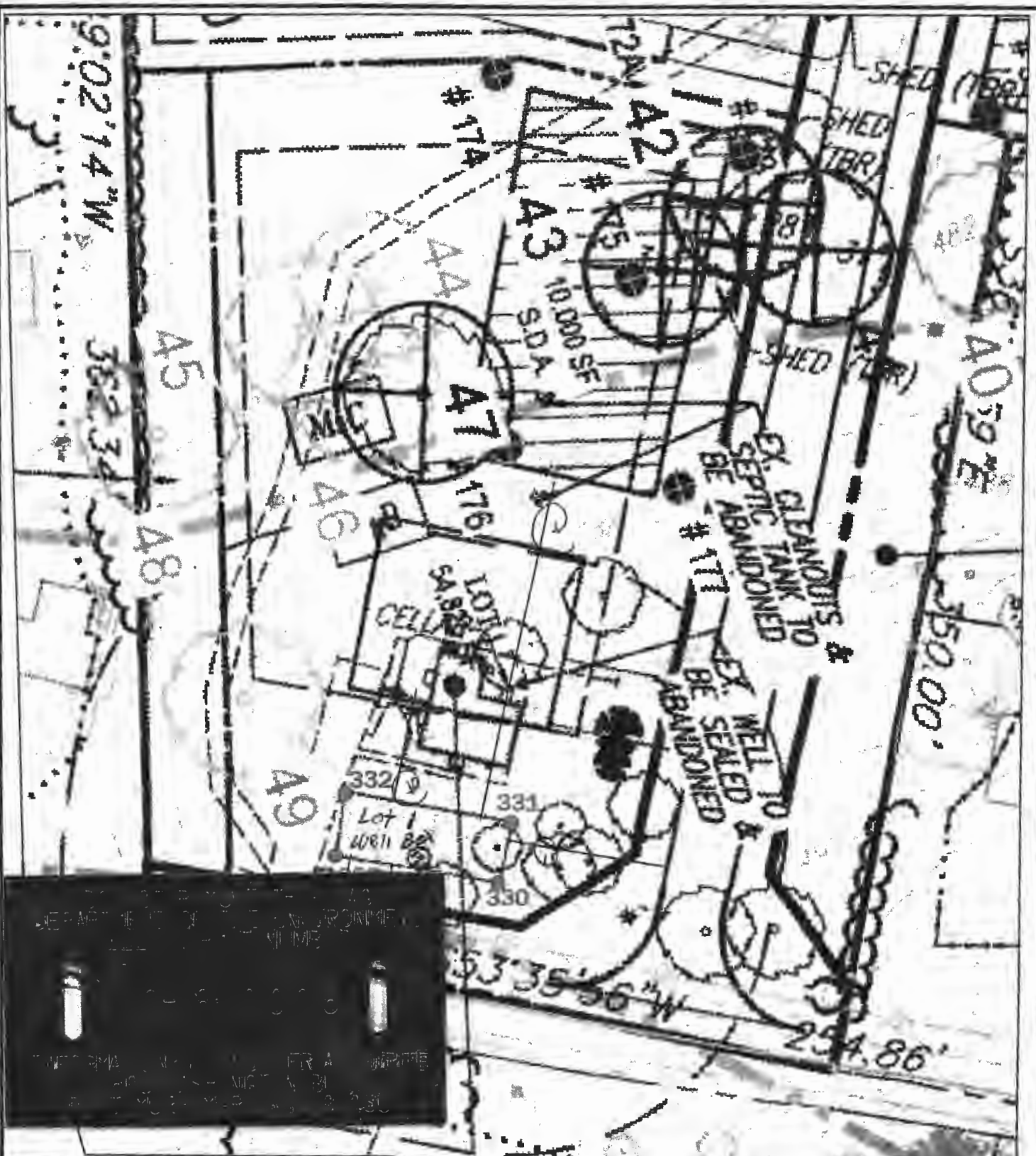
In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

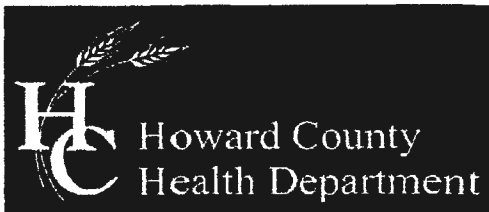
**Note 15(d)** Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

**Page 3, Section 15:** The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.







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:

SIMPSON/DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

2 3/4 mi<sup>1/4</sup>  
Lot #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, PARCEL C, 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

☒ The well site has been staked by SHANABERGER & LANE  
(professional land surveyor or company employing professional land surveyors)  
on 1/9/19 (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





**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 139945 Account #: 1933  
Reference: Willow Creek Lot 1 Company: Fogles Well Pump & Treatment  
Location: 5300 Greenbridge Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 9/18/2020 0930 Site: Pressure Tank  
Date/Time Rec'd: 9/18/2020 1338 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Evans 0309JE Well #: HO-18-0096

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/19/2020 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/19/2020 / 0930 / CRS
Nitrate	9.10	mg/L	10	601	9/18/2020 / 1615 / CRS
Sand	>5	mg/L	5	Visual/Gravimetric	9/18/2020 / 1650 / CRS
Turbidity	0.93	NTU	<10	SM20 2130B	9/18/2020 / 1630 / CWM

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy**Building Permit # :** 19003573Date Reported: 9/21/2020

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	140070	Account #:	1933
Reference:	Willow Creek Lot 1	Company:	Fogles Well Pump & Treatment
Location:	5300 Greenbridge Road	Requested By:	Dave Fogle
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	9/24/2020 0800	Site:	Kitchen
Date/Time Rec'd:	9/24/2020 1050	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	T. Cassell 0767TC	Well #:	HO-18-0096

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	9/24/2020 / 1630 / CRS

**NOTES**

- 1 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 2 Sample collected by client, analyzed as received
- 3 ND:None Detected
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy**Building Permit # :** 19003573Date Reported: 9/25/2020