

C 1 56535	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																												
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER XIX																																													
ST/CO USE ONLY DATE Received MM DD YY 06 25 19	DATE WELL COMPLETED MM DD YY 6-12-19	Depth of Well (TO NEAREST FOOT) 300	PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-18-0063																																												
OWNER <u>Pefferkorn River mill, LLC</u> WELL SITE ADDRESS <u>Pefferkorn RD</u> SUBDIVISION <u>River mill Estates</u> SECTION <u> </u> TOWN <u>West Friendship</u> LOT <u>7</u>																																															
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Soft brown</td> <td>0</td> <td>68</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>68</td> <td>110</td> <td></td> </tr> <tr> <td>White</td> <td>110</td> <td>111</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>111</td> <td>205</td> <td></td> </tr> <tr> <td>White</td> <td>205</td> <td>206</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>206</td> <td>280</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>280</td> <td>300</td> <td>✓</td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soft brown	0	68		Gray Limestone	68	110		White	110	111	✓	Gray Limestone	111	205		White	205	206	✓	Gray Limestone	206	280		Gray Limestone	280	300	✓	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>28</u> NO. OF POUNDS <u>1168</u> GALLONS OF WATER <u>168</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>78</u> ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! <u>06</u> Total depth of main casing (nearest foot) <u>80</u> 60 61 63 64 66 65 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) <table style="width:100%;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER	
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> 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. <u>MSD209</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 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 HD 80' 300' SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u> DIAMETER OF SCREEN (NEAREST INCH) from <u> </u> to <u> </u> 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																																													
LATITUDE <u>39.294711</u> LONGITUDE <u>76.992319</u> (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: 07/01/2019

B 1	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 2em; font-weight: bold;">59834</div>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 1.5em;">548487</div>	STATE PERMIT NUMBER <div style="font-size: 1.5em;">H0-18-0063</div> <div style="font-size: 0.8em;">fill in this form completely</div>
1 2 3 6	OWNER INFORMATION Date Received (APA) <div style="font-size: 1.2em;">04/18/19</div> <div style="font-size: 0.8em;">8 MM DD YY 13</div> <div style="font-size: 1.2em;">Pfefferkorn Rover Mill, LLC</div> <div style="font-size: 0.8em;">15 Last Name Owner First Name 34</div> <div style="font-size: 1.2em;">12668 Frederick Rd</div> <div style="font-size: 0.8em;">36 Street or RFD 55</div> <div style="font-size: 1.2em;">West Friendship Md 21794</div> <div style="font-size: 0.8em;">57 Town 70 State 72 Zip 76</div>		LOCATION OF WELL <div style="font-size: 1.2em;">Howard</div> <div style="font-size: 0.8em;">8 COUNTY 21</div> <div style="font-size: 1.2em;">Rover Mill Estates</div> <div style="font-size: 0.8em;">23 SUBDIVISION 42</div> <div style="font-size: 0.8em;">SECTION 44 46 LOT 48 50</div> <div style="font-size: 1.2em;">West Friendship</div> <div style="font-size: 0.8em;">52 NEAREST TOWN 71</div>
DRILLER INFORMATION <div style="font-size: 1.2em;">Allen Compton</div> <div style="font-size: 0.8em;">Driller's Name 76 License No. 81</div> <div style="font-size: 1.2em;">Eagles Well Drilling, LLC</div> <div style="font-size: 0.8em;">Firm Name</div> <div style="font-size: 1.2em;">P.O. Box 202 Woodbine, Md 21797</div> <div style="font-size: 0.8em;">Address</div> <div style="font-size: 1.2em;">Allen Compton 4-18-19</div> <div style="font-size: 0.8em;">Signature Date</div>		SOURCES OF DRILLING WATER 1. <div style="font-size: 1.2em;">Well water</div> 2. 3. <div style="font-size: 1.2em;">Rover Mill Rd & Pfefferkorn Rd</div> <div style="font-size: 0.8em;">11 STREET ADDRESS 30</div> <div style="text-align: center;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">W</div> <div style="border: 1px solid black; padding: 2px;">E</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">NORTH</div> <div style="border: 1px solid black; padding: 2px;">WEST</div> <div style="border: 1px solid black; padding: 2px;">EAST</div> <div style="border: 1px solid black; padding: 2px;">SOUTH</div> </div> </div> <div style="font-size: 0.8em;">34 300 37</div> <div style="font-size: 0.8em;">DISTANCE FROM ROAD</div> <div style="font-size: 0.8em;">ENTER FT OR MI 38 39</div> <div style="font-size: 0.8em;">TAX MAP: 0015 BLK: 0014 PARCEL 0169</div> </div>	
B 2	WELL INFORMATION <div style="font-size: 1.2em;">5</div> <div style="font-size: 0.8em;">APPROX. PUMPING RATE (GAL. PER MIN.) 8 12</div> <div style="font-size: 1.2em;">500</div> <div style="font-size: 0.8em;">AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20</div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.2em;">Howard</div> <div style="font-size: 0.8em;">COUNTY NAME COUNTY NO.</div> <div style="font-size: 0.8em;">STATE SIGNATURE</div> <div style="font-size: 0.8em;">DATE ISSUED</div> <div style="font-size: 0.8em;">43 MM DD YY 48</div> <div style="font-size: 0.8em;">CO SIGNATURE</div> <div style="font-size: 0.8em;">EXP. DATE</div> <div style="font-size: 0.8em;">41</div>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 </div> </div>		<div style="font-size: 1.2em;">Howard</div> <div style="font-size: 0.8em;">COUNTY NAME COUNTY NO.</div> <div style="font-size: 0.8em;">STATE SIGNATURE</div> <div style="font-size: 0.8em;">DATE ISSUED</div> <div style="font-size: 0.8em;">43 MM DD YY 48</div> <div style="font-size: 0.8em;">CO SIGNATURE</div> <div style="font-size: 0.8em;">EXP. DATE</div> <div style="font-size: 0.8em;">41</div>	
APPROXIMATE DEPTH OF WELL <div style="font-size: 1.2em;">300</div> FEET <div style="font-size: 0.8em;">24 28</div>		APPROXIMATE DIAMETER OF WELL <div style="font-size: 1.2em;">6</div> INCH <div style="font-size: 0.8em;">NEAREST INCH</div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTary <input type="checkbox"/> CABLE <div style="font-size: 0.8em;">other</div> </div> <div> <input type="checkbox"/> JETTED <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> REVerse-ROTary </div> <div> <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> Drive-POINT </div> </div>			
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 DEEPEEN AN EXISTING WELL </div> </div> <div style="font-size: 0.8em;">PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41</div>			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="font-size: 0.8em;">APPROP. PERMIT NUMBER</div> <div style="font-size: 1.2em; font-weight: bold;">G</div> <div style="font-size: 0.8em;">PERMIT No. <div style="font-size: 1.2em;">H0-18-0063</div></div> <div style="font-size: 0.8em;">70 71 72 73 74 75 76 77 78 79</div>			
SPECIAL CONDITIONS <div style="font-size: 0.8em;">NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED:</div> <div style="font-size: 1.5em; font-weight: bold;">NONE</div>			

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-18-0063

Location of Property: Pfefferkorn Rd West Friendship, Md 21794

Subdivision: Rover Mill Estates Lot: 7

Well Driller/Tech: Fogles Well Drilling/ Andrew Houseman MSD224 OwnerBuyer: Pfefferkorn Rover Mill, LLC

Well Depth: 300' Casing: 80' Steel

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

Static water level (S.W.L.) below M.P.: 29'

High rate pumping –reservoir Drawdown

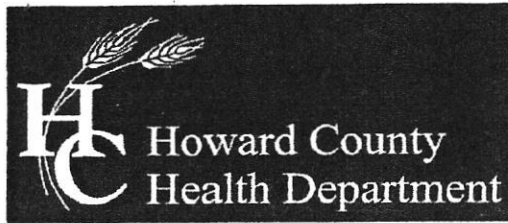
Time pump started: 7:45 **Pumping rate:** 10

Total time 30 mins. to reach pumping water level 45 ft. below M.P.

pump @ 280'

Recovery pump test data – observations to be recorded every 15 minutes

[illegible]



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:

Rover Mill Estates 1447 Pfefferkorn Rd
Subdivision/Property Name Lot # Road Name

- ☒ The well site has been staked by Robert H. Vogel
(professional land surveyor or company employing professional land surveyors)
on 4-18-19 (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.



HOWARD COUNTY HEALTH DEPARTMENT

WS

64848

DATE 4/16/19

Received From

PHONE # 443-0741

☐ CASH
☒ CHECK
NO. 012855

For 167 Wells
Peller Korn
12668 Peller Korn Road

\$ 1120.00

One Thousand One Hundred Twenty Dollars

Received By J. J. Kelly

Final - Scheduled
for 8/17 PM

not 1066

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)242-8640 FAX: (410)313-2648
373-1771

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: Atlantic Blue, LLC Telephone #: 410-840-2583
Address: 1502 KATHARINE BLVD.
WESCHMINSTER, MD 21157

(Must circle one) Licensed Plumber License # and name of individual responsible for the field installation:
Name (Print): RUR SWENNY License # 70788
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licensees may be subjected to field verification.

Name of Property Owner: Security Development Telephone #: 410-465-1124
Subdivision: Clover Meadow Lot #: 7 Well Tag #: HO-18-001a3
Site Address: 3001 Sky Meadow Way
West Friendship, MD 21794

Submersible Pump Data

Make: Goulds
Model #:
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: Campbell
Model #:
Depth: 42" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 1/2" R.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 140' (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque armors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Plumbing to house

Type: PV
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 20"
Sleeve caulked and 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

8/12/2021

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

Date Insp. Requested: 08/17/2021

Date Insp. Approved: 08/17/2021

Inspection Data: Pitless adapter and 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 installed inside of well 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

41" 08/17/2021

35" 08/17/2021

18.5" 08/17/2021

18" 08/17/2021

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 08, 2022

December 8, 2021

Homeowner
3001 Skye Meadow Way
West Friendship, MD 21794

**RE: Rover Mill Est., Lot 7
3001 Skye Meadow Way
Building Permit: B21000389
Well Permit: HO-18-0063**

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 **12/6/2021**. Final approval of the well line connection to the dwelling was granted on **8/17/2021**. The well construction was completed on **6/12/2019**. Water samples were collected on **11/16/2021, 11/30/2021**.

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-18-0063. 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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 148833 Account #: 1045
Reference: CBI Homes/Clover Meadow Lot 7 Client: Atlantic Blue Water Services
Location: 3001 Skye Meadow Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 11/16/2021 1430 Site: Well Tank
Date/Time Rec'd: 11/16/2021 1524 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: M. Mather 0258MM Well #: HO-18-0063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM20 9223B	11/17/2021 / 1100 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/17/2021 / 1100 / CRS
Nitrate	4.41	mg/L	10	Hach 10206	11/16/2021 / 1615 / CRS
Turbidity	1.12	NTU	<10	SM20 2130B	11/16/2021 / 1600 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	11/17/2021 / 0945 / CRS

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 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 # : B21000389

Date Reported: 11/17/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 149068 Account #: 1045
Reference: CBI Homes/Clover Meadow Lot 7 Client: Atlantic Blue Water Services
Location: 3001 Skye Meadow Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 11/30/2021 1415 Site: Powder Room
Date/Time Rec'd: 11/30/2021 1505 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: M. Mather 0258MM Well #: HO-18-0063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/1/2021 / 0900 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/1/2021 / 0900 / MEH

NOTES:

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

Reason for Test : Use & Occupancy

Building Permit # : B21000389

Date Reported: 12/1/2021

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road, Suite 110, Ellicott City, MD 21043
P 410.461.7666 F 410.461.8961 www.timmons.com

Date: January 11, 2021
To: Howard County Health Department
Attn: Ms. Dana Bernard
cc:
Subject: Rover Mill Estates – Lot 7
Project Number: 15-36.00

ATTACHED:

# Copies	Description
3	Onsite Sewage Disposal System Design Plan

Remarks:

Please call 410-461-7666 with any questions.

Thank you

Cassandra McKenny

Transmitted by: 

Received by: