



HOWARD COUNTY HEALTH DEPARTMENT

35282

DATE
07 / 05 / 2011

W5

Received
From

Fogles Well Drilling, LLC

PHONE #

(443) 609 4195

PO Box 202 WOODBINE MD 21797

For

Well Application -

Tradesville mill, lot # 1 & # 2

☐ CASH

☒ CHECK

NO.

12449

three hundred twenty x4/1

Dollars

\$

320 | 00

Received By

Lachae Mitchell

C 1 16602	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 06 19 42	DATE WELL COMPLETED MM DD YY 9 2 11	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2179

OWNER last name first name Sanchez Robert	WELL SITE ADDRESS 13170 Tridolphia Mill	TOWN Clarksville
SUBDIVISION	SECTION	LOT

WELL LOG Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing
Brown Mica-shale	0 59	
Gray Limestone	59 300	

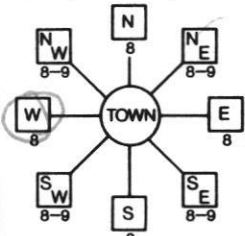
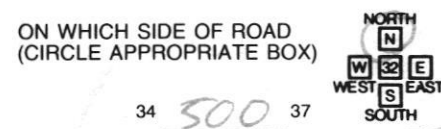
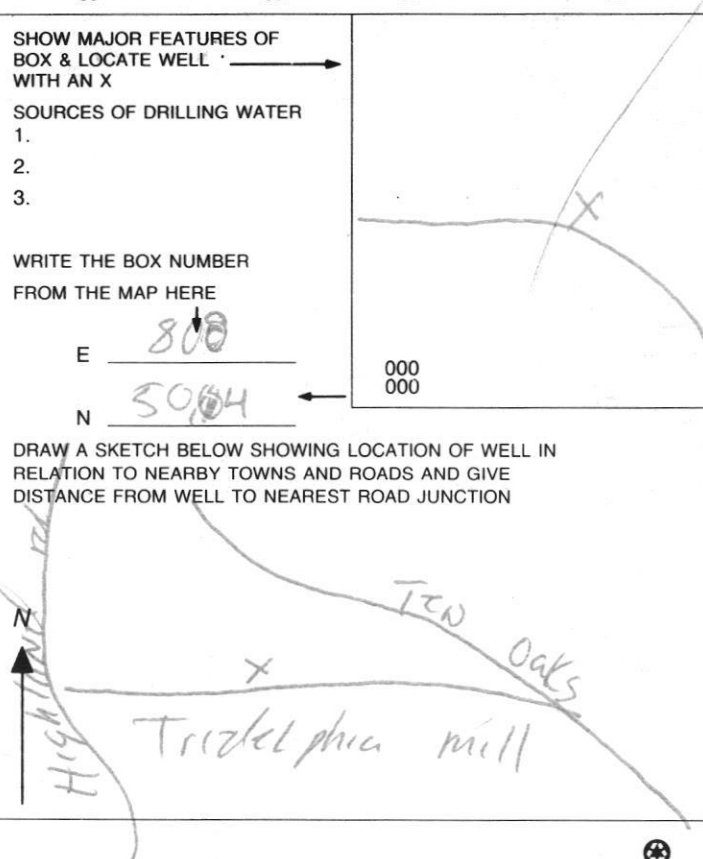
GROUTING RECORD yes no WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> <input type="checkbox"/> (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 21 NO. OF POUNDS 1914 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft. (enter 0 if from surface)		CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 06 66 60 61 63 64 66 70	
OTHER CASING (if used) diameter inch depth (feet) from to		EACH CASING	
screen type or open hole insert appropriate code below STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> BRONZE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>		SCREEN RECORD	

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	03	
PUMPING RATE (gal. per min.)	4	
METHOD USED TO MEASURE PUMPING RATE	196L	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	54 ft.	
WHEN PUMPING	121 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	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED S TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN CORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE TIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS LIC. NO. 1	M 5D 009
DRILLERS SIGNATURE	Allen Cupt
JUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. 1	D
SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2	
DEPTH (nearest ft.)	
1 40 66 300	2
3 23 24 26 30 32 36	4
5 38 39 41 45 47 51	6
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
from to	
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	
70 72 74 75 76	
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)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE	
LATITUDE 39.12933	
LONGITUDE 77.589146	
(DEFAULT COORD. WGS 84)	
NOTES:	

B 1 1 2 3 6 4885	SEQUENCE NO. (MDE USE ONLY) 535282	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER H0 - 95 - 2179 70 fill in this form completely 79
Date Received (APA) 070511 8 MM DD YY 13 Tuakli 15 Last Name Owner First Name 34 13603 Gilbridge Lane 36 Street or RFD 55 Clarksville MD 21029 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 Property of Nadu Tuakli 23 SUBDIVISION 42 SECTION 1 LOT 1 44 46 48 50 Clarksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1.5 M I 73 76 77 78	
DRILLER INFORMATION Allen Compton M S D 009 Driller's Name 76 License No. 81 Eagles Well Drilling Firm Name 580 Obrecht rd 21784 Address Allen Compton 10-29-11 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  11 NEAR WHAT ROAD 30 13170 Teidelphia mill 34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 3 PARCEL 8	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A530335 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 7/18/2012 43 MM DD YY 48 CO SIGNATURE Brian Baber EXP. DATE NORTH GRID 504 0 0 0 EAST GRID 808 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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 type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 808 N 5004 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 Pit Well 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. H0-95-2179 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Yield Test Data Sheet

County File # _____

MD Well Permit #: HO-95-2179

Subdivision Name: _____

Section _____ Lot # 1Street Address: 13170 Tridelphia millMeasuring Point (MP) Description: Top of casing
(for ex. "Top of casing")Distance from MP to ground surface 1 ft.Well Depth 300 ft.Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

NOTES:

Pump Start Time	Static Water level: <u>54</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
<u>1:00</u>			<u>12</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	<u>1:00</u>	<u>54</u> ft.	<u>5</u> <u>12</u> GPM
2	<u>1:15</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
3	<u>1:30</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
4	<u>1:45</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
5	<u>2:00</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
6	<u>2:15</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
7	<u>2:30</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
8	<u>2:45</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
9	<u>3:00</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
10	<u>3:15</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
11	<u>3:30</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
12	<u>3:45</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
13	<u>4:00</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
14	<u>4:15</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
15	<u>4:30</u>	<u>121</u> ft.	<u>15</u> <u>4</u> GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

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

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

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

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

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2179
Site Address: 13170 Triadelphia Mill Rd

Submersible Pump Data

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

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____

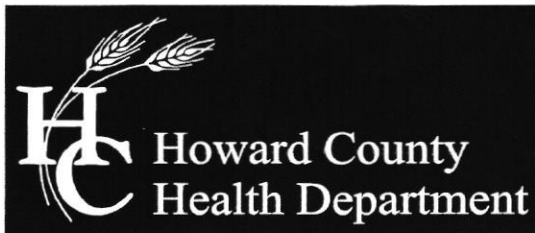
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____
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 ☒

10/6/2011
BB

4/7/12 MB
Well Tag HO-95-2179
is present

Tag Not on Well
Connected to Existing
Line



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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

Peter L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 22, 2013

August 22, 2012

Nadu A. Tuakli Revocable Trust
c/o Robert Sanchez
13603 Gilbride Lane
Clarksville, MD 21029

**RE: Property of Nadu A. Tuakli, Lot 1
13170 Triadelphia Mill Road
Well Permit: HO-95-2179**

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. Approval of the septic system was granted on **6/24/2011** by signature of the Percolation Certification Plan. Final approval of the well line connection to the dwelling was granted on **10/6/2011**. The well construction was completed on **9/2/2011**. Water samples were collected on **8/16/2012**.

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-95-2179. 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>

Approving Authority,

A handwritten signature in dark ink, appearing to read "Robert Bricker", is written over the printed name.

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-29-12 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

NO - Tag -

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 95 - 2179

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: Robert Sanchez

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP 34 BLOCK 3 PARCEL 8

SUBDIVISION: _____

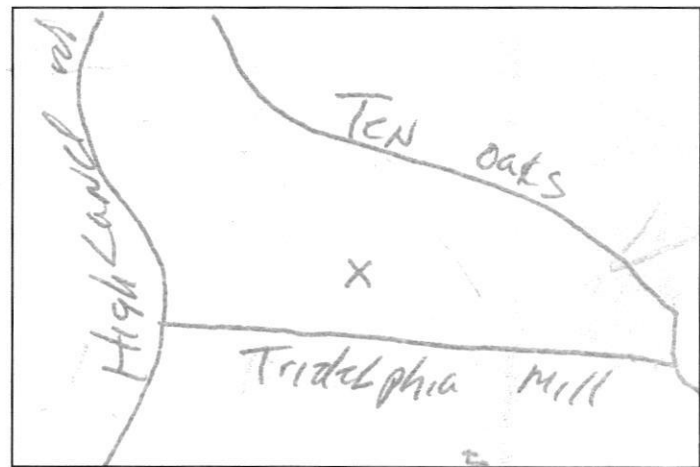
SECTION: _____ LOT: _____

STREET ADDRESS: 13170 Tridelphia mill

LATITUDE 3 9 . 12 93 3 -

LONGITUDE 7 6 . 58 14 6 -

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE: DOMESTIC ☒

☐ IRRIGATION ☐ MUNICIPAL/PUBLIC
☐ TEST/OBSERVATION ☐ INDUSTRIAL
☐ _____ ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6" INCHES IN DIAMETER

DEPTH OF WELL: 200 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

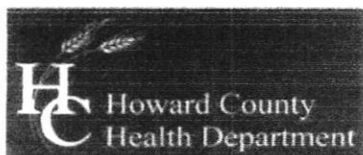
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>200</u>
VOLUME OF MATERIAL USED		
<u>2 yds</u>		

COUNTY



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, 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:

Dr. Dadu Twaxli 1 Triadelphia Mill Rd
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Shana Berger & Lane
(professional land surveyor or company employing professional land surveyors)
on 6/30/11 (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

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 #: 84713 Account #: 15578
 Reference: Robert Sanchez Company: CASH ACCOUNT
 Location: 13170 Tridelphia Mill Road Requested By: Robert Sanchez
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 6/12/2012 1000 Site: Kitchen Sink Tap
 Date/Time Rec'd: 6/12/2012 1205 Treatment: **
 Chlorine ppm: Free: ND Total: ND pH: 6.7
 Collected By: J. Yeager 6176JY Well #: HO-95-2179

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	6/13/2012 / 1000 / C. Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/13/2012 / 1000 / C. Holland
Nitrate	1.58	mg/L	10	601	6/12/2012 / 1650 / BCD
Turbidity	4.25	NTU	<10	SM18 2130B	6/12/2012 / 1645 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	6/12/2012 / 1645 / BCD

6/15/2012 RB
Bacteriology Fails; others 'OK'
owner notified

NOTES

- 1 **Neutralizer/ Sediment Filter/ Spin Down Separator all bypassed at time of collection.
 - 2 mg/L = milligrams per liter (also, parts per million)
 - 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 4 NS = None Seen (NS indicates less than 5 mg/L)
 - 5 NTU = Nephelometric Turbidity Units
 - 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 7 ND: None Detected
 - 8 Visual Well check: Sealed, vented cap
 - 9 pH and Chlorine level tested on site
- Reason for Test: HCHD/ New Well

Date Reported: 6/13/2012

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 #:	85234	Account #:	15578
Reference:	Robert Sanchez	Company:	CASH ACCOUNT
Location:	13170 Triadelphia Mill Road	Requested By:	Robert Sanchez
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	7/10/2012 1040	Site:	Kitchen Sink Tap
Date/Time Rec'd	7/10/2012 1337	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	J. Yeager 6176JY	Well #:	HO-95-2179

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	7/11/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/11/2012 / 1000 / CCH

Fails, but fecal coliform not detected
reb 7/17/12

NOTES

- 1 **Neutralizer/ Sediment Filter/ Spin Down Separator all bypassed at time of collection.
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND: None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test: HCHD/ New Well

Date Reported: 7/12/2012

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 #: 85831 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 13170 Triadelphia Mill Rd ✓ Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 8/16/2012 1306 Site: Bathroom Sink Tap ✓
Date/Time Rec'd: 8/16/2012 1510 Treatment: Neutralizer/ Sediment Filter
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.4
Collected By: J. Fogle 1974JF Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/17/2012 / 1000 / SNZ
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/17/2012 / 1000 / SNZ
Nitrate	1.37 ✓	mg/L	10	601	8/17/2012 / 1650 / BCD
Turbidity	4.91 ✓	NTU	<10	SM18 2130B	8/16/2012 / 1650 / BCD
Sand	NS ✓	mg/L	5	Visual/Gravimetric	8/17/2012 / 1650 / BCD

OK MB

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Client's Information

Date Reported: 8/17/2012