

DNR-131		EMERGENCY NO. (if any) -		STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		DWR PERMIT NUMBER <i>HO-73-0156</i> FILL IN THIS FORM COMPLETELY			
B 1 2971 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (DWR USE ONLY)		OWNER <i>Richard, Larry</i> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD. <i>38090 Forsythe Road</i> COL 36 COL. 58 POST OFFICE <i>Sykesville, Maryland</i> COL 57 COL. 76		DATE RECEIVED (DWR USE ONLY) <i>2/23/73 p.m.</i> <i>1:30</i>			
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6		DRILLER INFORMATION		B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) <i>Howard</i> COUNTY <i>8</i> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <i>23</i> 42 SECTION <i>44</i> LOT <i>48</i> 50 NEAREST TOWN <i>Sykesville</i> 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) <i>2</i> 71 73 76 77 78		WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <i>5</i> 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <i>500</i> 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING, AGRICULTURE, IRRIGATION <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="radio"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="radio"/> PRIVATE WATER COMPANY <input type="radio"/> TEST APPROXIMATE DEPTH OF WELL <i>150</i> 24 28 FEET APPROXIMATE DIAMETER OF WELL <i>6</i> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) <input checked="" type="radio"/> JETTED <input type="radio"/> DRIVEN 30-37 AIR-ROTARY <input checked="" type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY) CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT OTHER (DESCRIBE) REPLACEMENT OR DEEPEINED 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 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER <i>54</i> 63 65 ENGINEER REVIEW DISTRICT NO. <i>63</i> FORCE <input type="checkbox"/> WRITE INITIALS IN BOX <input type="checkbox"/> CONDITIONS <i>67 68</i> <i>70 71 72 73 74 75 76 77 78 79</i> B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 41. <input checked="" type="radio"/> STATE HEALTH (CIRCLE BOX) MO. DAY YR. <i>01 11 73</i> DATE <i>01 11 73</i> 43 48 Palmer F. Wine, Director B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY) 1 2 3 (SEQ. NO.) 6		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 <input type="radio"/> N NORTH <input type="radio"/> E EAST <input type="radio"/> NE NORTHEAST <input type="radio"/> SE SOUTHEAST <input type="radio"/> S SOUTH <input type="radio"/> W WEST <input type="radio"/> NW NORTHWEST <input checked="" type="radio"/> SW SOUTHWEST NEAR WHAT <i>13919 Forsythe Road</i> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="radio"/> N NORTH <input checked="" type="radio"/> S SOUTH <input type="radio"/> E EAST <input type="radio"/> W WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <i>150</i> 34 37 38 39 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM-CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP. <i>5 Bags of Cement</i> <i>50' casing</i> <i>25' Well Shroud</i> <i>OK</i> <i>FORSYTHE ROAD</i> <i>WELL</i> <i>No House</i> <i>No Septic</i> <i>OLD FREDERICK ROAD</i> BOX NUMBER <i>790</i> <i>540</i> NORTH COORDINATE <i>545000</i> EAST COORDINATE <i>099500</i> ELEVATION AT WELL HEAD (FEET) <i>65 66 67 68</i> 0/0 5/0	

LOT 2
463.725 D ±
10.6457 AC ±

C 6542 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-8 ON ALL CARDS)		SEQUENCE NO. (DWR USE ONLY)		STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401			THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY		
DATE RECEIVED (DWR USE ONLY)		3-2-73 DATE WELL COMPLETED		DEPTH OF WELL 150 (TO NEAREST FOOT)			PERMIT NO. FROM PERMIT TO DRILL WELL 40-25-0140 28 29 30 31 32 33 34 35 36 37		
OWNER Richard, Lanny L		STREET OR RFD 3090 Forsythe Road			POST OFFICE Lakesville				
WELL LOG				WELL DESCRIPTION					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD					
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)				WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)					
FEET				TYPE OF GROUTING MATERIAL (CIRCLE BOX)					
FROM TO				CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>					
CHECK IF WATER BEARING				NO. OF BAGS 5 NO. OF POUNDS 500					
Overburden 0 8				GALLONS OF WATER 30					
Brown shale 8 24				DEPTH OF GROUT SEAL (TO NEAREST FOOT)					
Gray Rock 24 150 X				FROM 0 FT. TO 26 FT.					
(ENTER 0 IF FROM SURFACE)				CASING RECORD					
CIRCUIT TYPE				STEEL <input checked="" type="checkbox"/> CONCRETE <input checked="" type="checkbox"/>					
APPROPRIATE CODE				PLASTIC <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>					
BELOW				MAIN CASING TYPE					
S 7				NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6					
60 61 63 64 66 70				TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 26					
EACH CASING				OTHER CASING (IF USED)					
DIA. (INCH)				DEPTH (FEET) FROM TO					
SCREEN RECORD				PUMP INSTALLED					
INSERT APPROPRIATE CODE BELOW				TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)					
STEEL <input checked="" type="checkbox"/> BRASS OR BRONZE <input checked="" type="checkbox"/> PLASTIC <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>				ORILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
C 2				CAPACITY					
1 2 3 (SEQ. NO.) 6				GALLONS PER MINUTE (TO NEAREST GALLON) 31 35					
DEPTH (NEAREST WHOLE FOOT)				PUMP HORSE POWER 37 41					
FROM 20 TO 150				PUMP COLUMN LENGTH (NEAREST FOOT) 43 47					
EACH SCREEN				CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)					
1 2 3				ABOVE <input checked="" type="checkbox"/> BELOW <input checked="" type="checkbox"/>					
23 24 26 30 32 36				LAND SURFACE 7 (NEAREST FOOT)					
38 39 41 45 47 51				LOCATION OF WELL ON LOT					
SLOT SIZE 1 2 3				SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).					
CIRCLE APPROPRIATE BOXES				Pitless Adapter					
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				DIA. OF SCREEN 56 60 (NEAREST INCH)					
E ELECTRIC LOG OBTAINED				FROM TO					
C COPY OF ELECTRIC LOG ATTACHED				GRAVEL PACK					
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.				IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F					
DRILLERS NAME				DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
G. Edgar Hane Sons Corp				(E.R.D.S.) W Q					
SIGNATURE				70 72 74-75-76 OTHER DATA AVAILABLE					
Telescope Casing				LOG INDICATOR					

Map 9 Grid 1



INTERIM CERTIFICATE OF POTABILITY**Expiration Date – August 15, 2024**

February 15, 2024

Homeowner
13919 Forsythe Road
Sykesville, MD 21784**RE: Pooling Property, P. I**
13919 Forsythe Rd
Building Permit: B23002487
Well Permit: HO-73-0156

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 **10/23/2023**. Final approval of the well line connection to the dwelling was granted on **10/20/2023**. The well construction was completed on **3/2/1973**. Water samples were collected on **1/24/2024, 2/2/2024**.

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-73-0156. 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

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 #: 301-898-1028
Address: PO Box 3596
Frederick, Md 21701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): James B. Madden

License# 18121

***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: Poling Telephone #: 443-203 5143
Subdivision: Lot #: 1 Well Tag #: HO-75-0186 73-0156 ✓
Site Address: 13919 Forsythe Rd
Sikeston, MD 21784

Submersible Pump Data

Make: Goulds
Model #: 56505922C
Pump Capacity: 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 36" (36" min)
NSF/WSC approved: Y

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 150 (feet)

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

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

House Connection

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

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
Cathy J. Little

date 10/19/2023

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

Date Insp. Requested: 10/19/2023 Date Insp. Approved: 10/20/2023 Inspector: SP

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 48"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 48"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 1'
Water supply line sleeved adequately at house connection ✓ 7'
Adequate grout observed below pitless adapter ✓

Bell of hose

THE WATER RESULTS BELOW INDICATE PASSING PARAMETERS



ATLANTIC BLUE WATER SERVICES

1808 Baltimore Boulevard, Westminster, MD 21157 – (410)840-2583

REPORT OF ANALYSIS

Laboratory ID #:	164134	Account #:	1045
Reference:	Carsuo Homes	Client:	Atlantic Blue Water Services
Location:	13919 Forsythe Road Sykesville, MD 21784	Requested By:	Mark Mather
Date/ Time Collected:	2/2/2024 1500	Source:	Well Water
Date/Time Rec'd:	2/2/2024 1549	Site:	Well Tank
Chlorine ppm:	Free: NT Total: NT	Treatment:	None
Collected By:	Q. Oliver 3414QO	pH:	NT
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/3/2024 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/3/2024 / 1000 / CCH

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 NT = Not Tested; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 Sodium Thiosulfate Present

Reason for Test : Real Estate

THE WATER RESULTS BELOW INDICATE FAILING PARAMETERS



ATLANTIC BLUE

WATER SERVICES

1808 Baltimore Boulevard, Westminster, MD 21157 – (410)840-2583

Atlantic Blue
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 1/29/2024
Report #: AB2401-09

Submitted Sample Address: 13919 Forsythe Road
Sykesville, MD 21784
Submitted Sample Source: Holding tank
Date / Time Collected: 1/24/2024 09:32 AM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Clear when drawn, pH: 5.0
Sampler/Company: B. Smith 1951BS, Atlantic Blue
Well Tag#: HO-73

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate + Nitrite as N	3.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	1.6	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	0.1	mg/L	0.1	0.3	EPA Secondary MCL

Notes:

- Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	164134	Account #:	1045
Reference:	Carsuo Homes	Client:	Atlantic Blue Water Services
Location:	13919 Forsythe Road	Requested By:	Mark Mather
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	2/2/2024 1500	Site:	Well Tank
Date/Time Rec'd:	2/2/2024 1549	Treatment:	None
Chlorine ppm:	Free: NT Total: NT	pH:	NT
Collected By:	Q. Oliver 3414QO	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/3/2024 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/3/2024 / 1000 / CCH

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 NT = Not Tested; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 Sodium Thiosulfate Present

Reason for Test : Real Estate

Date Reported: 2/5/2024

Atlantic Blue
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 1/29/2024
Report #: AB2401-09

Submitted Sample Address: 13919 Forsythe Road
Sykesville, MD 21784
Submitted Sample Source: Holding tank
Date / Time Collected: 1/24/2024 09:32 AM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Clear when drawn, pH: 5.0
Sampler/Company: B. Smith 1951BS, Atlantic Blue
Well Tag#: HO-73

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate + Nitrite as N	3.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	1.6	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	0.1	mg/L	0.1	0.3	EPA Secondary MCL

Notes:

- Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

C. Rodgers

C. Rodgers, Laboratory Manager, Microbiology