

14173		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.	
NUMBER IS TO BE PUNCHED COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER 512673	
ST/CO USE ONLY DATE Received 04/11/03		DATE WELL COMPLETED 06/25/03		Depth of Well 22 180 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3674	
OWNER Thompson		last name		first name Dale		TOWN Highland	
STREET OR RFD		SUBDIVISION Owens Property		SECTION		LOT 8	
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 450 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 42 ft.	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		C 3	
Top Soil 0 2							
Sandy 2 25							
Sand Stone 25 30							
MICKA 30 85							
Sand Stone 85 90							
MICKA 90 180							
Casing Record casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 32		OTHER CASING (if used) diameter inch depth (feet) from to		SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS BRONZE OPEN HOLE PL PL OT PLASTIC OTHER		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot) - below	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED YES Y NO N		C 2 DEPTH (nearest ft.) 1 HO 30 180 A 8 9 11 15 17 23 C 23 24 26 30 32 36 S 36 39 41 45 47 51 E 56 60 68 N		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Diagram showing well location with distances 30' and 20'.	
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-5 D-117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	
TELESCOPE CASING		LOG INDICATOR		OTHER DATA			

B 1	8993	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-3674</u> <small>fill in this form completely</small>
Date Received (APA) <u>04 11 03</u> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name <u>Thompson</u>		Owner <u>DALE</u>		First Name <u>INC</u>
Street or RFD <u>6300 Woodside Ct.</u>		City <u>Columbia</u> MD <u>21043</u>		
Town <u>Columbia</u>		State <u>MD</u> Zip <u>21043</u>		
DRILLER INFORMATION				
Driller's Name <u>Ralph E. Mayne</u>		License No. <u>MSD 112</u>		
Firm Name <u>Ralph E. Mayne Well Drilling</u>				
Address <u>12024 Hardy Rd Mt Airy MD 21771</u>				
Signature <u>Ralph E. Mayne</u>		Date <u>6-4-02</u>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u>		COUNTY NO. <u>512673</u>		
STATE SIGNATURE _____		INSERT S → _____		
DATE ISSUED <u>04/21/03</u>		EXP. DATE <u>04/21/05</u>		
NORTH GRID <u>491</u>		EAST GRID <u>810</u>		
50 55		57 63		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. <u>well</u>				
2. _____				
3. _____				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E <u>810</u>				
N <u>490/41</u>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<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 DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u>H02002G003</u>				
PERMIT No. <u>HO-94-3674</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

Well Permit No. HO - 94-3674
Location of property (road) Green Hollow Way
Subdivision Owens Property Lot 8 Block Plat Sec.
Well Driller R. Magne Owner Dale Thompson Builders

Depth of well 180
Distance of measuring point (M.P.) above ground 2nd
Static water level (S.W.L.) below M.P. 24

Time pump started 8:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 42 ft. below M.P.

[illegible]

Well Permit No. HO - _____
Location of property (road) Green Hollow Way (Off of Highland Rd)
Subdivision Olivia's Property Lot 8 Block _____ Plat _____ Sec. _____
Well Driller R. Mayne Owner Dale Thompson Builders

I. High rate pumping -- reservoir drawdown

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

[illegible]

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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
DELAR MO 21014

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

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

Name (Print): Michael Ison License# MSD 1162

*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: Keystone Homes Telephone #: _____
Subdivision: Green Hollow Lot #: 2 Well Tag #: HO-94-3674 ✓
Site Address: 6816 Green Hollow Way
Highland

Submersible Pump Data

Make: STARK

Model #: TSP4002

Pump Capacity: 7 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 180 (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 _____

Pitless Adapter

Make: BIS

Model#: P10

Depth: 36 (36" min)

NSF approved: yes

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: _____

Piping to house

Type: PVC

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: 6'

Sleeve caulked and sealed properly: yes

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

10/12/2023
date

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

Date Insp. Requested: 11/16/23 (P)

Date Insp. Approved: 3/7/2024

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

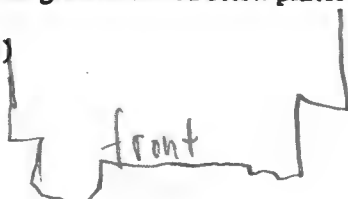
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

✓ - check final grade OK
✓ - check final grade
✓ 16" SP OK
✓
✓

RD-215 (Rev. 8/00)

Ho-94-3674
(W)



11/17/2023 -
2 piece cap installed,
Entire well line + casing
backfilled - could not
verify pitless + water supply
line depth below grade (P)

INTERIM CERTIFICATE OF POTABILITY
/PERMANENT DEVIATION FOR NITRATES/

Expiration Date – September 15, 2024

March 15, 2024

Homeowner
6816 Green Hollow Way
Highland, MD 20777

RE: Owings Property, Lot 8
6816 Green Hollow Way
Building Permit: B23000748
Well Permit: HO-94-3674

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 **2/21/2024**. Final approval of the well line connection to the dwelling was granted on **3/7/2024**. The well construction was completed on **6/25/2003**. Water samples were collected on **1/17/2024, 2/22/2024**.

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.

The untreated water sample collected on **1/17/2024** indicated a nitrate level of **13.1 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **2/22/2024** and indicated a nitrate level of **<0.5 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

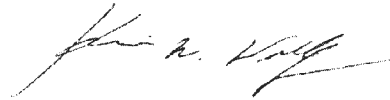
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-3674. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 quality 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>

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, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

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

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

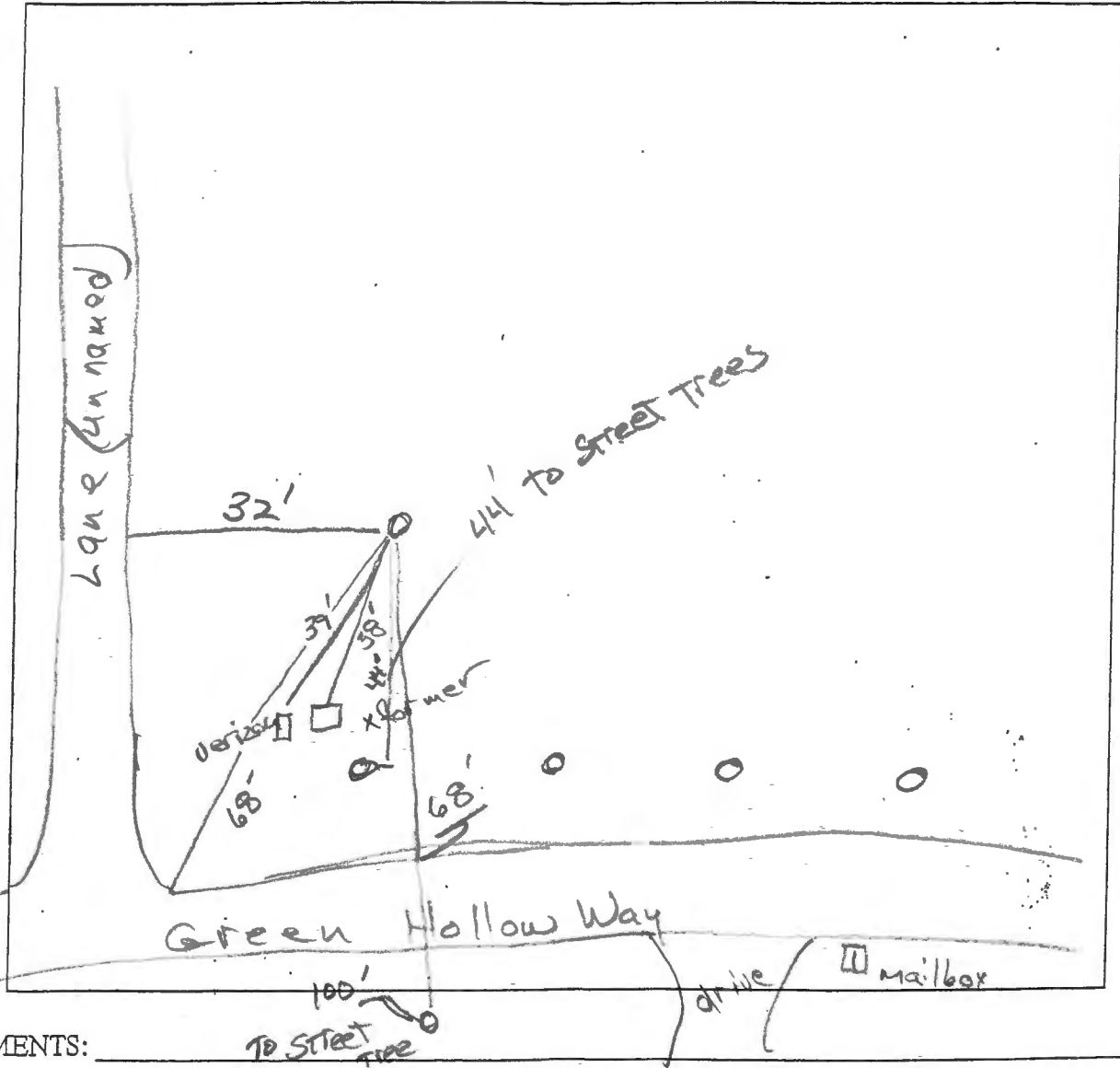
ADDRESS: 6816 Green Hollow Way CONTRACTOR: _____

WELL TAG #: H094-3674

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: _____

LOCATION DIAGRAM

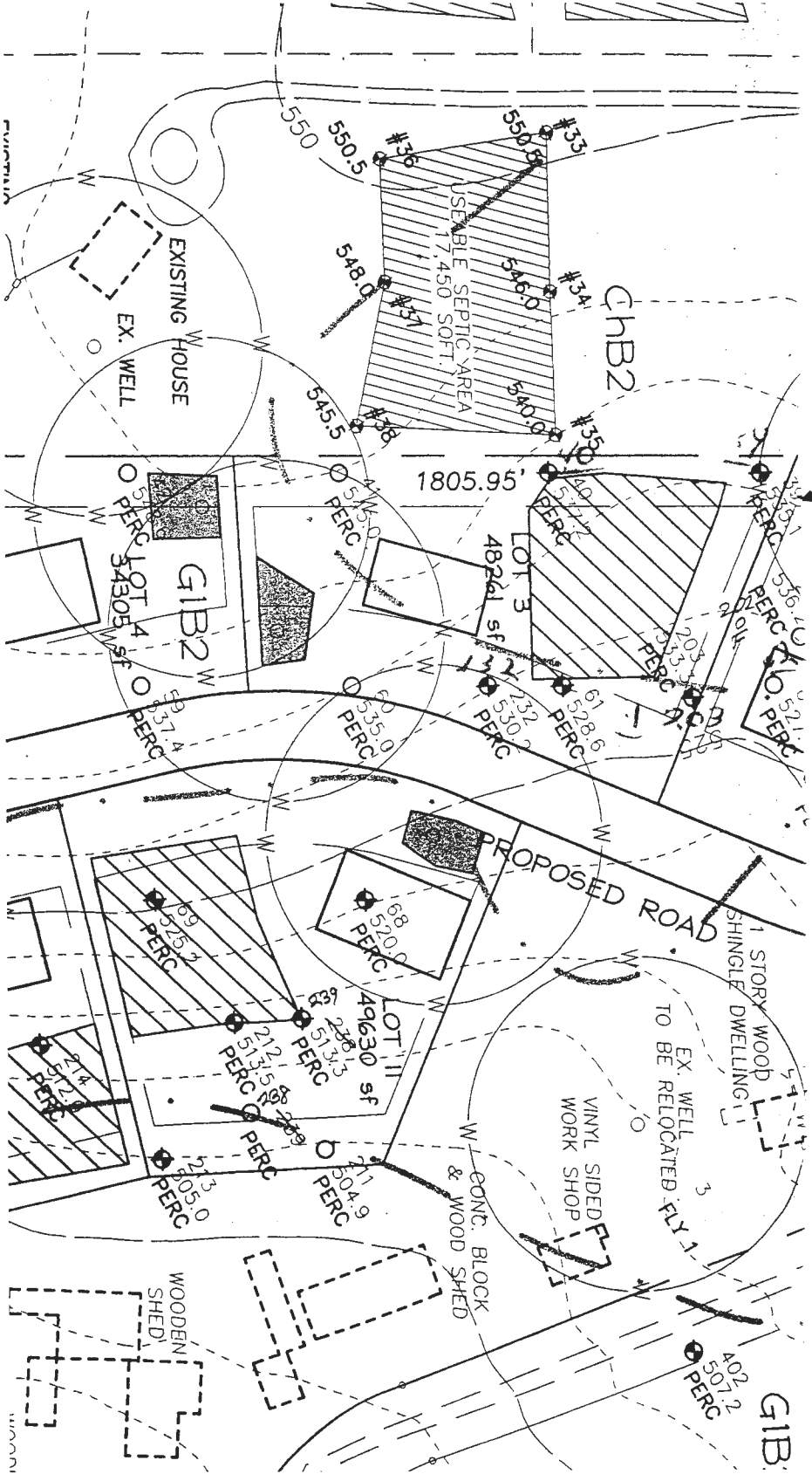


COMMENTS:

DATE: _____

INSPECTOR: _____





Lot 3
now Lot C,
6816 Green Hollow
way

111

EX. HOUSE

JOSHUA BARCLAY
ACCT #: 441137
13021 DEANMAR DR

INITIAL SYSTEM
(2 - 58'x3' TRENCHES)

1ST REPLACEMENT
SYSTEM
(2 - 63'x3' TRENCHES)

10,000 SF SEPTIC
RESERVE AREA

2ND REPLACEMENT
SYSTEM
(2 - 63'x3' TRENCHES)

RAKESHKUMAR PATEL
ACCT #: 440408
6810 GREEN HOLLOW WAY

EX. HOUSE

N: 1,322,100
E: 551,850

PROP. DISTRIBUTION BOX

PROP. PROPANE
TANK

PROP. PUMP TANK

PROP. 1,500 GAL
SEPTIC TANK

PROP. 6'x8'x5'
DRYWELL

PROP. 7'x9'x5'
DRYWELL

PROP. 7'x9'x5'
DRYWELL

PROP. 7'x9'x5'
DRYWELL

20' PUBLIC STORM
DRAIN & UTILITY
EASEMENT

VERIZON
PEDESTAL

6 TREES
APPROX.
15" CAL.

HARWOOD WATKINS DWINGS III
ACCT #: 362407
13009 HIGHLAND RD.

EX. WELL

GEORGE VANN JR
ACCT #: 440491
6819 GREEN HOLLOW WAY

FFE=536.9
BFE=527.0
TOW=535.7
SG=526.1
3" REINFORCEMENT

GREEN HOLLOW WAY

948.44'
S30°22'32"W

GbA(A)
GbB(A)

538.30 BRL

542

540

538

536

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50' BRL

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HOME LAND

L A B S

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 01/19/2024

Client: Barlow Well Drilling
Property Address: 6816 Green Hollow Way
Highland, MD
Report No: 250076
Sample Time: 01/17/2024 14:00
Date & Time Received: 01/17/2024 15:30
Sampled By: Jayden Edwards - 3059JE
Field Preservation: Ice
Sample Point(s): Pressure Tank
Water Conditioning Appears to be: None

Field Chlorine: 0.00
Field pH: Not Noted
Well Type: Drilled
Well Height: 1'
Cap Type: 2-Piece
Casing: PVC
Conduit: PVC
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-94-3674

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria- Total Coliform	Colilert-18 Test	Present	Fail	Per/100ml	Present	1	S M - 370	01/18/2024
Bacteria- E.coli	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	S M - 370	01/18/2024
Nitrate + Nitrite as N	EPA 353.2	13.1	Fail	mg/L	10	0.5	M K - 365	01/18/2024
Turbidity	EPA 180.1	1.2	Pass	NTU	10	0.5	E H - 365	01/18/2024

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
pH	EPA 150.1	5.3	-	pH Units	-	1	E H - 365	01/18/2024

Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Sand	SM 2540F	Not Detected	-	ml/L/hr	-	0.5	E H - 365	01/18/2024

The lab added the following notes for your report:

- pH must be analyzed in the field to be in accordance with EPA protocol.

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Is the sample for a public water system? ☐ Yes ☒ No

HOME LAND

LABS

250076 Due Date: 01/19/2024
Client: Barlow Well

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Client Name: <u>Michael Barlow Well Drilling</u>	Property Address:
Email Address: <u>misom@mbwd.us</u>	<u>6816 Green Hollow Way</u>
Phone Number: <u>(410) 838-6910</u>	<u>Highland</u>

Field Collection Information

Sampler Name: <u>JAYDEW EDWARDS</u>	Field pH: <u>N/A</u>
Sampler ID #: <u>3059 JE</u>	Field Chlorine (mg/L): <u>0</u>
Date Sampled: <u>1/17/24</u>	Time Sampled: <u>2:00</u>
Well Tag Number: <u>140-94-3674</u>	Sand: <u>NONE</u>
	Clarity: <u>CLEAR</u>

Well Casing and Cap Condition

Well Type: ☒ Drilled ☐ Well Pit ☐ Below Grade ☐ Artesian ☐ Hand Dug ☐ N/A ☐ Other: _____

Height Above Grade: <u>1'</u>	Cap Type: <u>Two Piece</u>	Casing: <u>PVC</u>	Conduit: <u>PVC</u>
Sample Point: <u>PS: tank</u>	Water Conditioning: <u>NONE</u>		

Requested Testing: (Please check all that apply)

- | | | |
|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity) | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input checked="" type="checkbox"/> Other: <u>PH</u> |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Gross Alpha | <input checked="" type="checkbox"/> Other: <u>SAND</u> |
| <input type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

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

Release Signatures

Released By: Michael Ison
Released By: _____
Released By: _____
Received in lab by: Shane McFaul

Date/Time: 1/17/24 3:30
Date/Time: _____
Date/Time: _____
Date/Time: 1/17/2024 3:30PM
Sample temperature upon receipt: _____

* For COP *

HOME LAND

L A B S

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3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 02/26/2024

Client: Barlow Well Drilling
Property Address: 6816 Green Hollow Way
Highland, MD 20777
Report No: 251425
Sample Time: 02/22/2024 13:00
Date & Time Received: 02/22/2024 14:50
Sampled By: Austin Soto - 0390AS
Field Preservation: Ice
Sample Point(s): Pressure Tank, Nitrate+Nitrite - R/O in Kitchen
Water Conditioning Appears to be: Sediment Filter, Reverse Osmosis System –
Point of Use

Field Chlorine: 0.00
Field pH: 5.66
Well Type: Drilled
Well Height: 25"
Cap Type: 2-Piece PVC
Casing: 6" PVC
Conduit: Secure
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-94-3674

Post-Treatment

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Nitrate + Nitrite as N	EPA 353.2	Not Detected	Pass ✓	mg/L	10	0.5	M K - 365	02/23/2024

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Hardness, Total	EPA 130.2	3.1	Slightly Hard	gpg CaCO3	N/A	0.3	M C - 365	02/23/2024
Iron, Total	H 8008	0.12	Acceptable	mg/L	0.30	0.05	E H - 365	02/22/2024

Report Notes

The lab added the following notes for your report:

- US Dept of the Interior & Water Quality Assoc standards grains per gallon (gpg) Less than 1 = "soft", 1 to 3.5 = "slightly hard", 3.5 to 7.0 = "moderately hard" 7.0 to 10.5 = "hard", 10.5 and over = "very hard"

HOME LAND

L A B S



251425 Due Date: 02/26/2024
Client: Barlow Wel

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Please provide completed form with samples. Highlighted fields are required.

Client Name:	Property Address:
Email Address:	6816 Green Hollow Way
Phone Number:	Highland, MD 20777

Field Collection Information

Sampler Name:	Austin Soto	Field pH:	5.46
Sampler ID #:	0390AS	Field Chlorine (mg/L):	0.0
Date Sampled:	2/22/24	Time Sampled:	1:00 pm
Well Tag Number:	HO-94-3674	Sand	No
Compliance sample for public water system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity:	Clear
		If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: ☒ Drilled ☐ Well Pit ☐ Below Grade ☐ Artesian ☐ Hand Dug ☐ N/A ☐ Other: _____

Height Above Grade:	25"	Cap Type:	2pc. PVC	Casing:	6" PVC	Conduit	Secure
Sample Point:	POU R/O in kitchen Pressure tank			Water Conditioning: Sediment filter POU R/O			

Requested Testing (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity) | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | <input checked="" type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input checked="" type="checkbox"/> Other: Nitrates |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

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

Release Signatures

Released By:	Date/Time: 2/22/24 2:50 pm	Samples received on ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Released By:	Date/Time: 2/22/24 1450	Temperature: 5.7
Received in lab by:		