

C 1 3160		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 A 517336							
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 2 8 2008				Depth of Well 22 440 26 31 21/03 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1507			
OWNER last name Warfield Jr first name Ken		STREET OR RFD Philadelphia Rd				TOWN Dayton				SUBDIVISION The Warfields # SECTION 2 LOT 11			
WELL LOG Not required for driven wells		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 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 78 BOTTOM 58 ft. (enter 0 if from surface)				C 3 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 440 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							
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 84 OTHER CASING (if used) diameter inch depth (feet) from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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) 29 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 - below 1 (nearest foot)							
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing				C 2 DEPTH (nearest ft.) 1 83 440 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				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) 			
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				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			
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 0 2 4 Joseph L. Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D				SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	1085	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527950 please type	STATE PERMIT NUMBER 140-95-1507 fill in this form completely
Date Received (APA)		<div style="display: flex; justify-content: space-between;"> <div> OWNER INFORMATION 8 MM DD YY 13 <u>Warfield, Jr. Kennard</u> 15 Last Name Owner First Name 34 <u>P.O. Box 30</u> 36 Street or RFD 55 <u>Glenely Md. 21737</u> 57 Town 70 State 72 Zip 76 </div> <div> LOCATION OF WELL B 3 <u>Howard</u> 8 COUNTY 21 <u>The Warfields II</u> 23 SUBDIVISION 42 SECTION <u>2</u> LOT <u>11</u> 44 46 48 50 <u>Dayton</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78 </div> </div>		
DRILLER INFORMATION <u>Joseph L. Mayne</u> M S D 024 Driller's Name 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd. Mt. Airy, Md. 21771</u> Address <u>Joseph L. Mayne</u> 12-10-2007 Signature Date		WELL INFORMATION B 2 APPROX. PUMPING RATE <u>5</u> 1 2 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 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 <u>Howard</u> (13) <u>A 517336</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>1/19/08</u> <u>Kim Waf</u> 1/19/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>516</u> 000 EAST GRID <u>0794</u> 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		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>7984</u> N <u>516</u> 000 000		
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 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 39 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER <u>140 2006 G 009</u> PERMIT No. <u>140-95-1507</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>Min. casing depth to be set @ least below 15'</u> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

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

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

Name (Print): Robert L. Feezer

License# 2122

***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: NV Homes Telephone #: 410-379-5956
Subdivision: Warfield Estates II Lot #: 8041 Well Tag #: HO - 95 - 1507
Site Address: 14611 Triadelphia Road
Glenelg, MD 21737

Submersible Pump Data

Make: Berkeley
Model #: B5P4MS10221
Pump Capacity ⁵ GPM
Well Yield: ⁶ GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 440 (feet) Conduit secured to well cap: Yes

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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve 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.

Robert L. Feezer

Digitally signed by Robert L. Feezer
DN: cn=Robert L. Feezer, o=Howard County Health Department, email=robert@hchealth.com, c=US

March 4, 2013

Signature of company representative responsible for installation

date

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

Date Insp. Requested: 5/31/13 Date Insp. Approved: 6/6/13 Inspector: (RW)

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

(RW)
Not finished!
Casing checked.
Needs new
pipe added.

CHARLES T. FULCHER, JR.
PARCEL NO. 43
L. 1723 / L. 41 EX. WELL
ZONED RC-DEC

TRIAD DELPHIA

MINOR COLLECTOR
(60' R/W)

N 578000

E 1306500

PROPERTY OF
THOMAS A. HOWELL & WF.
PARCEL NO. 85
L. 534 / L. 51
ZONED RC-DEC

EX. WELL

EXISTING
DWELLING

EX.
BARN

PROPERTY OF
THOMAS A. HOWELL & WF.
PARCEL NO. 59
L. 815 / L. 270
ZONED RC-DEC

E 1306500

N 577500

EX. DRIVEWAY

PROPERTY OF
KENNARD & MARY ELLEN
PARCEL NO. 119
L. 5754 / L. 280
ZONED RC-DEC

EX. WELL

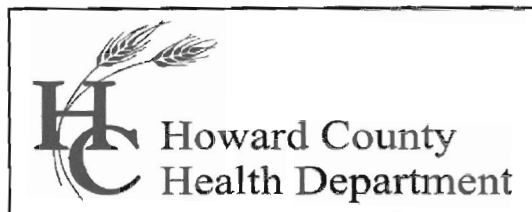
POOL

DECK

1/18/08
well site
OK

Non-Buildable
Preservation
Parcel 'F'

1" = 100'



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – January 5, 2014

July 5, 2013

Homeowner
14611 Triadelphia Rd
Glenelg, MD 21737

RE: The Warfields, Lot 11
14611 Triadelphia Rd
Building Permit: B12003998
Well Permit: HO-95-1507

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 **5/22/2013**. Final approval of the well line connection to the dwelling was granted on **6/6/2013**. The well construction was completed on **2/8/2008**. Water samples were collected on **7/3/2013, 7/2/2013 & 6/24/2013**.

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 **6/24/2013** indicated a nitrate level of **12.3 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 **7/3/2013** and indicated a nitrate level of **2.0 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 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-1507. 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>

Approving Authority,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

**TRACE LABORATORIES, INC**

5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 89675

Report Date: July 3, 2013

Bacteria Retest #1

Property Sampled: 14611 Triadelphia Road, 21737
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12003998
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114

Lot #: 11

Date/Time Collected in Field: July 2, 2013 @ 11:39 am
Date/Time Received in Lab: July 2, 2013 @ 3:18 pm

Well Tag #: HO-95-1507
Well Condition: 2-Piece Cap, Satisfactory

*Bacteria OK
7/5/13 HS*

Water Treatment/Conditioning: Softener, Neutralizer, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing



TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 89569**Report Date:** June 25, 2013

Property Sampled: 14611 Triadelphia Road, 21737
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12003998
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114 **Lot #:** 11

Date/Time Collected in Field: June 24, 2013 @ 11:36 am
Date/Time Received in Lab: June 24, 2013 @ 1:09 pm

Well Tag #: Tag Not Visible
Well Condition: 2-Piece Cap, 1 Bolt Loose, Cap Tight

Water Treatment/Conditioning: Softener, Neutralizer

*Coliform &
Nitrate FAIL
Retest
THG*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	12.3 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	2.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Absent	Absent	Pass

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Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 89700**Report Date:** July 5, 2013**Nitrate Retest #1**

Property Sampled: 14611 Triadelphia Road, 21737
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12003998
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114 **Lot #:** 11

Date/Time Collected in Field: July 3, 2013 @ 11:35 am
Date/Time Received in Lab: July 3, 2013 @ 1:54 pm

Well Tag #: HO-95-1507
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer, Reverse Osmosis (R/O)

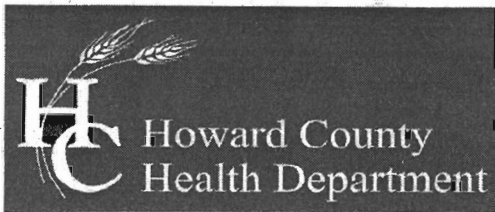
PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	2.0 mg/L as N	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Nitrate - pass

7/5/13 HS

Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing



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

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

**REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: July 1, 2013 WELL PERMIT #: HO - 95 - 1507

PROPERTY OWNER: Michael and Mee Kim

SUBDIVISION & LOT #: Warfields II- lot # 11

PROPERTY ADDRESS: 14611 Triadelphia Road

CONDITIONS:

- 1) The well installed under permit # HO - 95 - 1507 has been documented to have a nitrate level of 12.3 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 7/5/13 indicated that the nitrate contamination has been reduced to <1.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 1507. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Prospective Owner's Day Time Phone Number(s)

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203

Lab No. Date Received

0002634 2-8 8

WATER ANALYSIS

Do not write above this line.

SAMPLE ID	Bottle Number	40-95-1507		Name	HCHD		County	Howard		County Code	13	
	Source	Wet fields II		Trinidad Rd.		Lot II		Data Category Code	46			
	Collected: Date	2/8/08		Time			Collector & Phone	K. Wolf 410-313-2645		Submitter Code		
	CHECK (one per box)											
	Drinking Water	<input type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Federal Project	S		
Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input type="checkbox"/>					
Stream	<input type="checkbox"/>	Private	<input type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>					
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>					

FIELD	Plant No.	+ + +		Sampling Station	+ + +		Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid		
	pH	7.0		Chlorine: Free	+ + +		Total	+ + +		Specific Conductance	+ + +		
	Notes to Lab/Remarks: Sample collected during field test												

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
✓	Dissolved Solids		99. 2/13/08
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief **Asoka I. Katumuluwa**

Date Reported **FEB 28 2008**

Ben Nelson

P.O. Box 2355, Baltimore, Maryland 21203

0002684 1-8-8

Do not write above this line.

FIELD	Plant No.	<div><div></div><div></div><div></div></div>	Sampling Station	<div><div></div><div></div><div></div></div>	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	<div><div></div><div></div><div></div></div>
	pH	<div><div></div><div>7</div><div>0</div></div>	Chlorine: Free	<div><div></div><div></div><div></div></div>	Total	<div><div></div><div></div><div></div></div>	Specific Conductance	<div><div></div><div></div><div></div></div>		
	Notes to Lab/Remarks: <i>Sample collected during field test</i>									

* Results reported in Units, all others in milligrams per liter (ppm)

Date
Reported FEB 28 2008