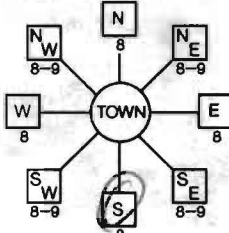
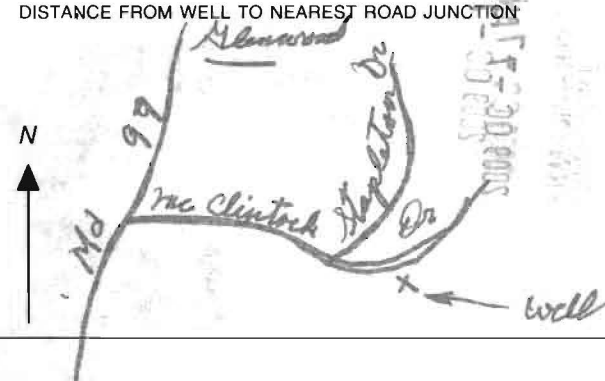


C1 2089	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>AS25198</u>
ST/CO USE ONLY DATE Received MM DO YY 8 13	DATE WELL COMPLETED MM DO YY <u>11 6 2009</u>	Depth of Well 22 <u>185</u> 26 <u>2/17/2010</u> (TO NEAREST FOOT) <u>O.K. (EB)</u>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 95 - 1831</u>

OWNER Roscoe last name Mac Clintock Dr first name George TOWN Alenwood
STREET OR RFD G Roscoe Property SUBDIVISION SECTION LOT 3

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>Sand</td> <td>0</td> <td>41</td> <td></td> </tr> <tr> <td>Gray Mica Rock</td> <td>41</td> <td>185</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Sand	0	41		Gray Mica Rock	41	185		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1410</u> GALLONS OF WATER _____ DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>42</u> ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>45</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G _____ SCREEN RECORD screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER DEPTH (nearest ft.) 1 <u>HO</u> 2 <u>43</u> 3 <u>185</u> E A C H S C 3 R E E N 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) 56 60 from _____ to _____ GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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	C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>20</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>17</u> ft. WHEN PUMPING <u>20</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above <input type="checkbox"/> - below <u>32</u> (nearest foot) LAND SURFACE 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)
DESCRIPTION (Use additional sheets if needed)		FEET			check if water bearing											
	FROM	TO														
Sand	0	41														
Gray Mica Rock	41	185														

B 1 1 2 3 4 5 6 <u>6363</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>531953</u> please type	STATE PERMIT NUMBER <u>HO-95-1831</u> 70 <u>fill in this form completely</u> 79
Date Received (APA) 8 MM DD YY - 13 <u>Roscoe</u> <u>S.</u> <u>George</u> 15 Last Name Owner First Name 34 <u>14527 Mac Clintock Dr</u> 36 Street or RFD 55 <u>Glenwood Md 21738</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>G. Roscoe Property</u> 23 SUBDIVISION 42 SECTION <u>44</u> LOT <u>3</u> 46 48 50 <u>Glenwood</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 1 73 76 77 78	
OWNER INFORMATION 8 MM DD YY - 13 <u>Roscoe</u> <u>S.</u> <u>George</u> 15 Last Name Owner First Name 34 <u>14527 Mac Clintock Dr</u> 36 Street or RFD 55 <u>Glenwood Md 21738</u> 57 Town 70 State 72 Zip 76		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Mac Clintock Dr</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>1200</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>Ft</u> 38 39 TAX MAP: <u>21</u> BLK: <u>4</u> PARCEL <u>183</u>	
DRILLER INFORMATION Driller's Name <u>Joseph L Mayne</u> M S D <u>024</u> 76 License No. 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy Md 21111</u> Signature <u>Joseph L Mayne</u> Date <u>10-2-09</u>		WELL INFORMATION APPROX. PUMPING RATE <u>4</u> (GAL. PER MIN.) 8 12 <u>500</u> AVERAGE DAILY QUANTITY NEEDED (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>A525198</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>10/20/2009</u> <u>Brian Baker</u> <u>10/20/2009</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>524</u> 000 EAST GRID <u>794</u> 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 36		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>7904</u> N <u>5204</u>	
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 _____		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 DEEPEENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-95-1831</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Field Permit No. HO - 95-1831

location of property (road) MacClinton

Division G. Roscoe Property

Steel Driller Joseph E. McGuire

Lot

Lot 3 Block

plat

Sec

Owner

Merrie & Dana Roscoe

Depth of well 185'

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

Static water level (S.W.L.) below M.P. 17.

2. High rate pumping -- reservoir drawdown

Time pump started 7:00

Pumping rate 20 g/min

Total time 5 men to reach pumping water level 10 ft. below M.P.

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

22-235

22° 21'

544

07° 36' 28"

272.18'

75' BRL

470

546

30' BRL

542

ChB2

30' BRL

FF: 553.6
B: 543.6

523
Gar

520

502

505

508

511

514

517

520

523

526

529

532

535

538

541

544

547

550

553

556

559

562

565

568

571

574

577

580

583

586

589

592

595

598

601

604

607

610

613

616

619

622

625

628

631

634

637

640

643

646

649

652

655

658

661

664

667

670

673

676

679

682

685

688

691

694

697

700

703

706

709

712

715

718

721

724

727

730

733

736

739

742

745

748

751

754

757

760

763

766

769

772

775

778

781

784

787

790

793

796

799

802

805

808

811

814

817

820

823

826

829

832

835

838

841

844

847

850

853

856

859

862

865

868

871

874

877

880

883

886

889

892

895

898

901

904

907

910

913

916

919

922

925

928

931

934

937

940

943

946

949

952

955

958

961

964

967

970

973

976

979

982

985

988

991

994

997

1000

1003

1006

1009

1012

1015

1018

1021

1024

1027

1030

1033

1036

1039

1042

1045

1048

1051

1054

1057

1060

1063

1066

1069

1072

1075

1078

1081

1084

1087

1090

1093

1096

1099

1102

1105

1108

1111

1114

1117

1120

1123

1126

1129

1132

1135

1138

1141

1144

1147

1150

1153

1156

1159

1162

1165

1168

1171

1174

1177

1180

1183

1186

1189

1192

1195

1198

1201

1204

1207

1210

1213

1216

1219

1222

1225

1228

1231

1234

1237

1240

1243

1246

1249

1252

1255

1258

1261

1264

1267

1270

1273

1276

1279

1282

1285

1288

1291

1294

1297

1300

1303

1306

1309

1312

1315

1318

1321

1324

1327

1330

1333

1336

1339

1342

1345

1348

1351

1354

1357

1360

1363

1366

1369

1372

1375

1378

1381

1384

1387

1390

1393

1396

1399

1402

1405

1408

1411

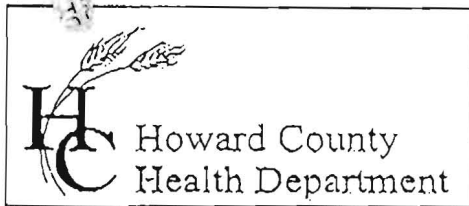
1414

1417

1420

1423

1426



7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, 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:

G. Roscoe Property 3 MacClinton Dr.
Subdivision/Property Name Lot# Road Name

- ☒ The well site has been staked by FSH Associates
(professional land surveyor or company employing professional land surveyors)
on Sept 2009 (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

Roscoe 410-489-5615

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: Fogles Well Drilling LLC Telephone #: 410 795-5270
Address: JPO Box 202
Woodbine, MD 21797

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

Name (Print): David C. Fogle License # MSD 226

*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: Williamsburg Group Telephone #: 410-977-3350
Subdivision: Warfield Pond Overlook Lot #: 3 Well Tag #: HO-45-1831
Site Address: Maceintock Dr
Greenwood, MD 21738

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550ED-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>18.5</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4		
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 <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (psi min)	Length of sleeve (5" minimum from foundation): <u>0</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

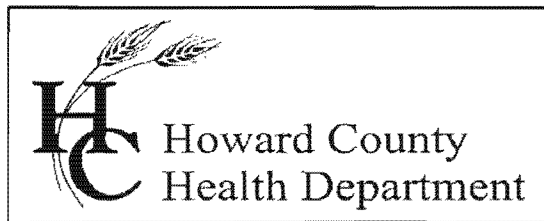
Signature of company representative responsible for installation

date

Don Fogle 8/9/16

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

Date Insp. Requested: <u>8/9/16</u>	Date Insp. Approved: <u>8/9/16</u>	Inspector: <u>SC</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade <u>✓</u>		
Two piece cap installed and attached to casing securely <u>✓</u>		
Elec. conduit extends at least 18" below grade/attached to cap properly <u>✓</u>		
Safety rope not outside of well casing <u>✓</u>		
Correct well tag attached properly and casing 3" above finished grade <u>✓</u>		
Water supply line sleeved adequately at house connection <u>✓</u>		
Adequate grout observed below pitless adapter <u>✓</u>		



Bureau of Environmental Health

8930 Stanford Blvd., 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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 15, 2017

November 15, 2016

Homeowner
3411 Warfield Pond Overlook
Glenwood, MD 21738

**RE: Warfield Pond Overlook, Lot 3
3411 Warfield Pond Overlook
Building Permit: B16001258
Well Permit: HO-95-1831**

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 **11/4/2016**. Final approval of the well line connection to the dwelling was granted on **8/9/2016**. The well construction was completed on **11/6/2009**. Water samples were collected on **10/18/2016, 10/27/2016 & 11/4/2016**.

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-95-1831. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

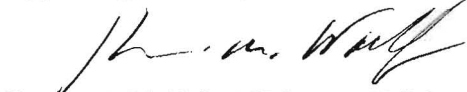
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, L.E.H.S., REHS/RS, 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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	111103	Account #:	4470
Reference:	Lot 3	Company:	Williamsburg Homes LLC
Location:	3411 Warfield Pond Overlook Glenwood, MD 21738	Requested By:	Bob Corbett
Date/ Time Collected:	11/4/2016 0825	Source:	Well Water
Date/Time Rec'd:	11/4/2016 1100	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.5
		Well #:	HO-95-1831

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2016 / 0915 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2016 / 0915 / LLO

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 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** 16-001258Date Reported: 11/7/2016

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 #:	110964	Account #:	4470
Reference:	Lot 3	Company:	Williamsburg Homes LLC
Location:	3411 Warfield Pond Overlook Glenwood, MD 21738	Requested By:	Bob Corbett
Date/ Time Collected:	10/27/2016 1055	Source:	Well Water
Date/Time Rec'd:	10/27/2016 1251	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-95-1831

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	10/28/2016 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/28/2016 / 1015 / LLO

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 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 16-001258

Date Reported: 10/28/2016

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 #: 110753 Account #: 4470
Reference: Lot 3 Company: Williamsburg Homes LLC
Location: 3411 Warfield Pond Overlook Requested By: Bob Corbett
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 10/18/2016 1133 Site: Pressure Tank
Date/Time Rec'd: 10/18/2016 1222 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Yeager 6176JY Well #: HO-95-1831

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	65.9	MPN/ 100 ml	<1.0	SM18 9223	10/19/2016 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/19/2016 / 1000 / BCD
Nitrate	5.73	mg/L	10	601	10/19/2016 / 0900 / CRS
Turbidity	5.55	NTU	<10	SM18 2130B	10/19/2016 / 0930 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/19/2016 / 0930 / 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 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
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 16-001258

Date Reported: 10/19/2016